Vulnerabilities in social assistance



Coordonated by:

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CUPRINS

CHAPTER I
Teenage Vulnerability: Social Media Addiction

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Abstract. Teenagers not always act in ways that might serve their own best interests: thus, their perception of the risks of particular actions and/or behaviours may be unrealistic, which makes them make decisions that leave them vulnerable to both physical and psychological harm with negative impacts on their health and viability. Alcohol intoxication, excessive social media consumption, drug intoxication, risky driving, unsafe sexual activity are risky behaviours. Teen social media addiction is a combination of excessive social media consumption, inability to stop or reduce this behavior despite suffering a negative impact at school, a decreased physical social engagement, or losses in friendship, and increasing reliance on social media as a way to feel good.

Keywords: teenage, vulnerability, social media addiction

Social Media Addiction as a Teenage Vulnerability Worldwide

Back in 1984, the American Academy of Paediatrics, alarmed by the negative effects of television on children and adolescents, made three major recommendations regarding children and the video age (Gentile *et al.,* 2004):

- Parents should discourage children under 2 years of age from watching TV and encourage more interactive activities that promote proper brain development (conversation, playing, reading, singing);
- Parents should limit the time children spend playing video games to 1-2 hours a day for older children;
- Parents should monitor TV programmes (e.g., using a V-chip installed in the TV that can be programmed to block or mix materials with a particular code in their signal, indicating them as violent or sexually explicit – cf. Subrahmanyam & Greenfield, 2008; Schurgin, O'Keefe & Clarke-Pearson, 2011), watch them together with children and adolescents and encourage alternative forms of fun (creative games, practicing hobbies, reading, sports).

Thirty-forty years ago, the phrase **social network** meant only "a network of social interactions and personal relationships" – for example, of a child or teenager with his/her mother, father, brothers/sisters, grandparents, friends and teacher(s) (Furman & Buhrmester, 1985). Today, the first sense that comes to mind when encountering this phrase is "a website or other application that allows users to communicate with each other by posting comments, images, information, messages, etc." Subrahmanyam & Greenfield (2008) correlated types of online communication, types of hardware and functions of communication involved (Figure 1).

At the end of the 20th century, it was considered that the "Internet Generation" (hardened media consumers who grew up with the Internet and for whom mobile phones are an essential element of their existence) was already well ahead of parents and other adults who did not

understand either what the Internet was or how it worked (Tapscott, 1998, in Wells Brignall III & Van Valey, 2007).

In 2002, 56% of teenagers between the ages of 18 and 19 preferred the Internet to telephone (Pastore, 2002, in Wells Brignall III & Van Valey, 2007), but 10 years later, things were quite different (Ling & Yttri, 2012).

A study carried out in the U.S.A. showed that girls who had very conflicting relationships with their parents (i.e., who had a very low level of communication about where the teenager was walking, who she was spending her teenage time with) or who had serious problems of a different kind had closer online relationships than other girls (Wolak, Mitchell & Finkelor, 2003).

Wells Brignall III & Van Valey (2007) have synthesized the advantages (it allows new and interesting forms of communities and the circulation of ideas in a wider audience, it encourages a self-reflective society, it helps flatten hierarchies, it makes citizen activism easier and more efficient, it weakens the power of traditional elites that monopolize information) and disadvantages (absence of a community, of a social contract and of rituals of social interaction, dysfunctional behaviour, lack of intimacy, manipulation of online identities, social isolation, unclear communication, weakened democracy) of the Internet based on research in the field. In addition, the Internet improves the degree of involvement of parents in their children's life at school age (better grades, better parent-director/teacher relationship, online grade book, etc.) (Bardroff Zieger & Tan, 2012).

Communication type	Hardware Type	Functions of Communication
Blogs	Computer	Websites on which (public or private) contributions are posted in reversed chronological order
Chatrooms	Computer	Synchronous conversation (public or private) with several users
Computer games with multiple players	Computer	Online games that can be played by a large number pf players simultaneously
Display panels	Computer	Topical online public space (disease, health, religion) posted and read as messages
E-mail	Personal digital assistant, computer, cell phone	Writing, storing, receiving electronic messages asynchronously (including word documents, photos, audio files, etc.)
Instant messaging	Personal digital assistant, computer, cell phone	Synchronous exchange of private messages (audio files, photos, text, word documents, etc.) with other users
Sharing photos	Wireless camera, computer, cell phone	Uploading, watching, sharing photos with public or private access
Sharing videos	Wireless camera, computer, cell phone	Uploading, watching, and sharing videos

Communication type	Hardware Type	Functions of Communication
Social connection facilities	Computer	Creating (public or private) profiles and making up friend networks to communicate with through instant messages and to post self-generated content (photos, videos)
Texting	Personal digital assistant, cell phone	Sending short messages
Virtual worlds	Computer	Online simulated 3D media in which players interact as avatars

Figure 1. Forms of online communication, hardware types and functions of communication types (after Subrahmanyam & Greenfield, 2008, 121)

Lee (2009) concluded that the time spent online by teenagers reduces the time spent with family (parents), not the time spent with friends.

A study of home environments and adolescent development in 1997 and then in 2003 in the U.S. showed that computer use did not exclude learning activities (as in the case of video games), that girls benefited from computers more than boys, and that video games were associated with a low level of risk of social isolation in girls (Hofferth, 2010).

In recent years, researchers have increasingly studied the negative effects of information and communication technologies on face-to-face interpersonal communication and concluded that the use of *Facebook* and *MySpace* social networks as an extension of face-to-face interaction to maintain interpersonal relationships allows users to increase the number of connections that they would, otherwise, not have to strengthen their existing friendships. The first impression is that *Facebook* and *MySpace* can strengthen and broaden the social circle, but it has not yet been possible to determine either the quality or size of this social circle (Kujath, 2011).

Other researchers have come to other conclusions: people are increasingly relying on communicating with friends and family through technology and neglecting to engage personally, uninhibited by phones and devices, even when, in fact, they are in the presence of others (Gavrila-Ardelean & Gavrila-Ardelean, 2018). Most individuals felt the quality of their conversations degrade in the presence of technology, and many people were disturbed when friends or family used the technology while spending time together. In addition, almost half of survey respondents (46%) communicate more frequently with friends and family through technology than in person, which strongly shows that face-to-face interactions have decreased in both quality and quantity (Drago, 2015; Zia & Ali, 2018).

Patrikakou (2016) also proposed an adaptation of the ten principles of good parenting (Steinberg, 2005, 2011, in Patrikakou, 2016) in an environment dominated by technology and online environments. Thus, parents should:

- Adapt their education style to a productive approach of increasing the use of technology and environments (showing openness to online environments by exploring them with the children and learning from them how to use technology);
- Apply the rules consistently clarifying what is non-negotiable;
- Be an example when they ask the teenagers to stop "sitting" on their cell phones at the table, and not to leave the table when the phone rings or when they are told that they have received a message on their phones or emails;

- Explain their rules and decisions about using a computer and accessing the web, and about why they block a particular type of content (including the dangers of accessing certain websites);
- Get involved in the children's Internet life (ask them to show their games, websites, favourite videos, and play their favourite video games with the children);
- Monitor the children's use of the computer (even taking a look at the screen they are looking at from time to time) without going into details about the choices they have made (games, music, etc.);
- Praise the children's positive use (care for others online, civilized online behaviour) of technology and environments;
- Set clear rules and limits on web access, downloading documents, time spent in front of the screen, or using the computer;
- Stay calm if the rules of access to environments have been violated and apply the consequences in a didactic way;
- Treat the children with respect as the parents expect the children to do with their family members and others, in person and online.

Valkenburg & Peter (2011) identified both the three *features of online communication that stimulate the level of control of self-presentation and self-disclosure among adolescents* (accessibility, anonymity, and a-synchronicity), as well as the *risks involved* (cyberbullying, unwanted sexual advances – cf. Schurgin O'Keefe & Clarke-Pearson, 2011) and *opportunities* (increased self-esteem, quality of friendship, relationship formation, sexual self-exploration) *of self-presentation and self-disclosure* from the perspective of the three components of psycho-social development of adolescents – *identity* (self-esteem, self-unity), *intimacy* (cyberbullying, quality of friendship, relationship formation) and *sexuality* (sexual self-exploration, unwanted sexual advances – cf. Schurgin O'Keefe & Clarke-Pearson, 2011; Gavrila-Ardelean, 2017). In this regard, Owens *et al.* (2012) made an interesting review of the bibliography on the impact of Internet pornography on adolescents.

George & Odgers (2015) examined seven concerns expressed about the *influence of mobile technologies on the security of adolescents* (cyberbullying and the solicitation of online sexual services), *social development* (identity development, parent-adolescent relationships, relationships with other adolescents), *cognitive performance* and *sleep,* and found that, with the exception of insomnia and new forms of bullying, most online behaviours and threats have their mate in the offline world; that the effects of mobile technologies are not uniform, in the sense that some adolescents benefit from them (e.g., shy adolescents), while others are not (e.g., adolescents with mental health problems, after Gavrila-Ardelean, 2020); and that experimental and quasi-experimental studies should help better understand how, whom and under what conditions adolescent interactions with mobile technologies influence the body, the brain, and social relationships still in development (Gavrila-Ardelean, 2020).

Patrikakou (2016) looked at how technology and online environments affected parent-child interaction (absence of eye contact, body language, voice inflections – elements that give the richness of face-to-face interactions; the danger of cyberbullying and sexual assault – cf. Schurgin O'Keefe & Clarke-Pearson, 2011) and the impact of technology and online media on the parent's involvement in the child's life (parent-adolescent interaction on Facebook strengthens the relationship between the two, causing pre-existing conflicts to decrease and favouring the rapprochement between them, without making the adolescent see it as an interference, as an invasion of privacy) (Turliuc, & Marici, 2013).

Social Media Addiction as a Teenage Vulnerability in Romania

In Romanian literature, the impact of social media on adolescents has been extensively studied for several years.

Thus, P.-L. Runcan (2010) addressed the problem of adolescent virtual addiction. She also pointed out, in her review of the literature on depression in adolescents, that it is intimately linked, among other stressors, to social media (P.-L. Runcan, 2020).

Teenage vulnerability has been scrutinised by Breaz (2019), (Costin, Roman, 2020) who pleaded for better parental counselling for a better parent-child relationship, Breaz (2020), who screened adolescence as a period of maximum vulnerability, and by Demeter & Breaz (2020), who focused on coping strategies and emotional maturation in adolescents. Self-controlling adolescents means efficient parenting (Marici, 2015, Marici, Turliuc, 2011). Also, E.A. Sarbu's research on representative samples of youth emphasized the importance of the quantity (rather even by the quality) of time spent by teenagers with their parents in preventing the development of emotional distress (Sarbu, 2014; Sarbu, 2017).

R. Runcan (2010) has also inventoried the advantages and disadvantages of the Internet in adolescents' life based on research in the field. R. Runcan (2015) launched a new term in the field of social use – *Facebookmania* – addressing the issue of adolescents' addiction to the social network *Facebook* and its impact on *Generation Z* – the demographic cohort after *Generation Y* (those born about 1980 to 1950) and preceding *Generation Alpha* (those born between 2010 and 2025). The findings of the study show that *Generation Z* uses computer communication based heavily on it. The virtualization of communication has produced another form of addiction that is added to the forms of addiction in communication. The *Facebook* network attracted more than 1.4 billion users between 2005 and 2010, generating what the author defined as *Facebookmania.* Although the study is self-evaluative, the percentage of those affected by this type of addiction was not yet worrying in 2015: 10.77% of respondents claimed to be addicted to *Facebook* and 16.15% identified this addiction in their friends. However, the percentages should be carefully dealt with by specialists (doctors, psychologists, or social workers) as R. Runcan warns. Considering that *Facebookmania* was quite recent at the time (the first accounts had been opened in Romania in 2007), it affects an increasing number of young people. The 92.00% of young people who claimed to have a *Facebook* account, correlated with 35.90% who admitted to sit on *Facebook* every day for 1-3 hours, and 6.90% who admitted to sit on *Facebook* more than 3 hours a day, worry even today. *Facebookmania* is on the rise and can have negative effects on human relationships. R. Runcan (2016) took the analysis of the phenomenon to the next level, talking about the pitfalls of *Facebook* and virtual communication and its effects on human relationships. The author sounds the alarm in his book: it seems that students are the most vulnerable to most relational problems related to *Facebook,* the next on the list being high school students (which means that the age of young people and adolescents presents a much greater vulnerability and this is also because they grow with *Facebook,* being a true *Facebook Generation,* which increases without realizing the risks involved in virtual communication); interruption of communication with the adolescent at this age makes him/her feel rejected, which seriously affects communication with others, leading to aggression, delinquency or even schizophrenia; adolescents in grades V-VIII have the opportunity to talk to unknown persons who are difficult to identify and whose social status is impossible to establish; more than half of the adolescents surveyed in the study believed that chat resembled a text message conversation and only 26% likened it to a face-to-face conversation; one can also observe an etymological change in the term knowledge: teenagers said that chat is a way of getting to know

people (which is completely false); doctors warned that there are often cases when teenagers spend much of their time on social media sites such as *Facebook,* and then come to the doctor's office with classic symptoms of depression; the most vulnerable group to *Facebookmania* is that of adolescents aged 13-15 years (20.9% with some form of addiction); students are most vulnerable to *Facebook* addiction accessed from their mobile phones than other professional categories, more vulnerable than adults and the elderly; *Facebook*'s popularity is explained by the crisis of adolescence, a period in which high school students see themselves as ugly, the percentage rising sharply with the exit of adolescence and the start of university studies; the most vulnerable to this kind of addiction are adolescents and children who have accounts from very young ages, despite the prohibition imposed by the conditions for setting up an account. *Facebookmania* is a dangerous form of addiction, sometimes difficult to detect by the person concerned. It manifests itself in most cases in young people who make contact with the virtual network even before they have the necessary discernment, spending more than 3-4 hours daily on *Facebook,* which leads to an addiction that catches especially teenagers who depend so much on their account that, in adulthood, if they had to choose between work and *Facebook,* they would choose work (because they are aware that they need money), but would resort to alternative solutions to sit on *Facebook,* using a friend's account or even using a false identity. This is a sign of addiction. R. Runcan (2017) refined the analysis by talking about the mental and social risks of communication on *Facebook.* The group interview on which the study was based largely confirmed the conclusions of the sociological study on the influence of *Facebook* on personal relationships with oneself, family or God. *Facebookmania* is a dangerous form of addiction, sometimes difficult to detect in humans. It is quite common in young people who have been in contact with virtual networks even before they have the necessary discernment, and who ended up spending 3-4 hours a day on *Facebook;* this type of addiction makes them choose a social position on *Facebook* that will bring them money. They turn to alternative solutions to use *Facebook* (a friend's account or a false identity): this is a sign of addiction. The narcissism manifested on *Facebook* is encouraged by "likes": this is the kind of image that someone creates by looking not in the lake's water mirror, but on the computer monitor, waiting for the "likes" they think they deserve. Depression can be a problem because of the virtual environment (because of the "dislikes") or real, which makes the individual seek refuge on *Facebook.* For depressed people, one possible explanation is that people spend a lot of time on *Facebook* looking for solutions to their problems, while people spend little time on *Facebook* looking for solutions in and for the real world. Worryingly, the importance of smartphones for the younger generation increases: these are the last things anyone would give up even in critical situations. This is evidence of vulnerability to virtual communication. Smartphones matter more and more, but they are not everything, and *Facebook* and social networks are communication tools, but not the only ones. Socialization is important in people's lives, but it does not happen on social networks: it happens in a significant, real, profound and shaping human interaction. R. Runcan (2019) came to support parents and teenage girls in the bilingual edition *Povestea lui Face/The Story of Face* in which the risks of using *Facebook* at an early age and without parental consent are dressed in a cautionary tale for the young and the older! R. Runcan (2020), in the continuation of the idea launched in 2015, deepened the analysis of the impact that *Facebook* addiction has on human relations. The bottom line, again, is that it seems that students are the most vulnerable to the most relational problems related to *Facebook,* the next on the list being high school students. Young people and adolescents are more vulnerable than any other age segment to the harm caused by social media addiction, and this is also because they grow up with *Facebook,* being a true *Facebook Generation* or *Generation F* (a

title used to identify those who grow up in a world where the use of online social networks is common). They grow, however, without realizing the risks involved in virtual communication.

Rad & Egerău (2020) tackled the issue of digital-born children and of the positive impact technology and interactive media can have on them if used wisely, hence the importance of digital literacy.

Conclusion

Teenagers are a population group with increased vulnerability. Therefore, it is important to focus on new models of intervention to reduce the consequences of wrong decisions made by them, on the analysis of the risks taken, and on the identification of areas of vulnerability. Depressive symptoms are common among adolescents and intervention in their treatment and prevention must be carried out by a multidisciplinary team (doctor, psychologist, social worker) to achieve effective, long-lasting results (Gavrila-Ardelean, 2019). The vulnerability of teenagers is a phenomenon that affects this population group all over the world and which, untreated, can affect the future mental health of the adult population (Breaz, 2020).

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CHAPTER II
Social support services for the Roma communities. Case study: barriers and achievements regarding the integration on the labour market of the Roma people in Ocolna

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Abstract: Roma are the most numerous ethnic minority in the European Union and their majority are fighting with poverty, social marginalization and discrimination. The unequal access to proper life conditions, to education and work places and the stigma of the society are also the realities that the Roma community in Romania is confronted with. The Roma people usually live in the marginalized urban and rural communities, relying on very low incomes and improper health and housing conditions.

Our paper aims at presenting the situation of a Roma community in a marginalized rural area in Dolj County, Romania, based on the data made available by the public institutions and services and on a qualitative and quantitative research. We shall extract a correlation between the level of education and the labour force occupation of the members of the community and we will present an example of social project implemented by a non-governmental organization, aiming at improving the life quality and the access to equal chances of the vulnerable community.

Keywords: *Roma, vulnerability, labour market, social exclusion.*

Introduction

The situation of the Roma communities in Romania is incompatible with the fundamental values of the European Union and does not meet the principle of social cohesion. The Eu adopted a strategy (Europe 2020) that aims at achieving the insurance of the fundamental rights for all people, with a focus on the disadvantaged groups and Roma explicitly.

The member states are required to take the necessary measures for combating poverty and social exclusion for all vulnerable categories, including Roma, by investing in the human capital and in social cohesion policies.

Romania must treat Roma's integration as a serious and important topic of the national reform and development programmes, keeping in mind that, although specifically targeted at improving the social condition of the minority, these measures are beneficial for all citizen, creating development, cohesion and inclusion.

1. Key concepts

Several important concepts make up the framework of the picture that our study is aiming to achieve: the status of the vulnerable and marginalized communities, their needs and perspectives.

First of all, social work is the key-concept that empowers people in need to know and have access to the specialized social protection services, helps them understand and use the legislative framework of social protection, mobilizes the community in order to trigger adequate social policies. Social work is defined as "an assembly of institutions, programmes, measures, professionalized activities for the protection of persons, groups, communities with social problems, temporarily facing difficulty and crisis and thus being vulnerable" (Zamfir & Vlăsceanu, 1998:46).

The responsibility of organizing and delivering social work services can belong to the public sector - through the authorities, to private companies and to the civil society – through non-governmental organizations. (Sorescu & Berilă, 2005: 92).

The paradigm of community development plays a key-role in all international and national development strategies and programs and in all relevant fields of intervention. With regard to the field of social work and addressing social issues, the concept focuses on an upward model of action, from the inferior level to the superior level, as it "empowers disadvantaged groups to become united in promoting services for their own interest and to trigger political action to their benefit." (Niță & Pârvu, 2020: 106).

Within the context of community development, the community capacity plays an essential role, all people and communities having a specific dimension of their capacity: "[…] Fundamentally, capacity is built and achieved through a broad process that is initiated both through capacity building and an efficient community development". (Arpinte, Arpinte, Cace et al, 2008: 14).

The vulnerable groups of society are the target-groups of social policies and community development. According to the Romanian legislation, the disadvantaged persons are being "on a position of inequity with regard to the majority of citizens, due to identity differences [...] or are facing a rejection and marginalization behaviour" (Government of Romania, 2000).

"Sociologists are aware of the fact that the exclusion is accompanied with professional difficulties (long term unemployment), but also with a loss of social relations" (Motoi & Popescu, 2017: 113), causing damage to the entire society.

2. Roma as a vulnerable category

Roma are the most numerous ethnic minority in the European Union, being estimated at around 10-12 million people. Almost two thirds of them live in central and eastern European countries, where they reach 5 to 10 percent of the total population (Motoc, 2015).

According to T. Hammaberg, Commissioner for Human Rights at the Council of Europe, "Europe has a shameful history of discrimination and severe repression of Roma. There are still widespread prejudices against them in country after country on our continent" (Amnesty International).

In Romania, as well as in all other countries with Roma minorities, the most important problem in assessing the situation of the Roma population is related to the lack of data regarding the Roma communities. Therefore, there are considerable variations within the estimations of the population number: 730-970.000 (4% of the total population) according to national estimations, 619.007 (3.2 %) according to the 2011 census and 1.850.000 (8.3%) according to the estimations of the European Council (Cace, Neagu, Raț & Ivasiuc, 2014: 32-34).

The indicators of the deprivation of the Roma population in Romania, on the dimensions: education, occupation, access to health services, housing and material well-being, in 2011 (Cace et al., 2014: 35), are revealing an alarming situation:

- Poverty rate among the Roma population: 81%;
- Persons aged 24-40 that declared themselves as unemployed: 28%;
- Young Roma, aged 20-24 that finished at least secondary school or a professional school: 10%;
- Roma children aged 7-15 that do not attend school: 22%;
- Roma persons deprived of at least one household utility (kitchen, toilet, bathroom in the house or electricity): 86%;
- Roma adults that have a medical insurance: 52%.

3. The level of marginalization in Romania and in Dolj county

As aimed in the National Strategy for Social Inclusion and Poverty Reduction 2015-2020, an instrument for the mapping of the rural marginalized areas was developed by a group of researchers (The World Bank, 2016).

At national level, marginalized rural areas were identified mainly based on the data collected during the 2011 population census, according to 3 indicators: human capital, labour force occupation and housing. The results showed that out of the total population of the marginalized rural areas, 42% are Roma population. In Dolj county, out of the 7.9% of the rural areas identified as marginalized areas, 4.5% are Roma communities.

According to the national statistics, the South-West Oltenia Region has the highest relative poverty rate in Romania, of 33.4% and the highest rate of people facing the risk of poverty and social exclusion – 45.3% (National Institute of Statistics, 2018).

4. Case study: barriers and achievements regarding the integration on the labour market of the Roma people in Ocolna village

4.1. General presentation

The village of Ocolna, together with the villages Amărăștii de jos and Prapor, are part of Amărăștii de Jos commune in Dolj County.

Amărăștii de Jos commune is ranked as one of the big sized communes, at national level, with a population of more than 5.000 inhabitants. The table below presents the inhabitable fund and the organizational structure of the inhabited area, the data being extracted from the 2011 population census in Romania and from the preliminary data of the 2020 population census:

Table 1: The inhabitable fund and structural organization of the inhabited area of Amărăștii de Jos commune

Locality	Pop. 2011	No. of. houses 2011	No. of households 2011	Inhab./ household 2011	Prelim. pop. 2020	Prelim. households 2020	Prelim. inhab./ household 2020
Amărăștii de Jos	2795	1200	1100	2.54	2700	1120	2.41
Ocolona	1336	360	332	4.02	1400	340	4.11

Locality	Pop. 2011	No. of. houses 2011	No. of households 2011	Inhab./ household 2011	Prelim. pop. 2020	Prelim. households 2020	Prelim. inhab./ household 2020
Prapor	1389	600	560	2.48	1350	565	2.38
Total commune	5520	2160	1992	2.77	5450	2025	2.69

Source: The general Urbanistic Plan (PUG) - Amărăștii de Jos, 2015

The territory of Amărăștii de Jos commune covers a predominantly agricultural area, fact that also determines the characteristics of the economic profile of the locality – mainly agricultural. The industrial activity of the commune is not enough developed, being limited to several small production activities - constructions and milling/bread products – where ca. 60 persons are employed.

At the level of the commune, ca. 4100 persons are working in agriculture and an approximate number of 518 persons are employed in the production and services sector. Taking into account the number of population presented in the table above, it results that less than 10% of the inhabitants are formally employed.

Ocolna village has a population of round 1350 people, according to the last estimations and was identified as a rural locality with marginalized areas, having more than 20% Roma population in the marginalized areas, namely over 419 inhabitants (The World Bank, 2016: 86).

4.2. Quantitative and qualitative analysis of the Ocolna marginalized community

In July 2016, a qualitative and a quantitative study were performed in Ocolna village, with the aim of obtaining the most relevant data for the assessment of the community and the justification of a potential financial allocation from European funds, in order to implement social support instruments for the vulnerable groups.

The qualitative analysis was based on the focus-group instrument, applied on a total number of 50 participants. The objective of the focus-groups was "to investigate the perception of the target-groups (the population of Ocolna village) concerning the life and characteristics of Ocolna village, the demographic situation, the problems of the community, the labour market etc.", with a focus on the Roma community (Soare, 2016a: 6).

Subsequently, a quantitative research was performed, based on a survey addressed to a number of 280 participants. The participants in the study were 50.7% (142) of Romanian ethnicity and 49.3% (138) of Roma ethnicity.

The table below presents the results of both the qualitative and the quantitative studies with regard to the education and labour criteria, as labour force occupation is the particular focus of our paper.

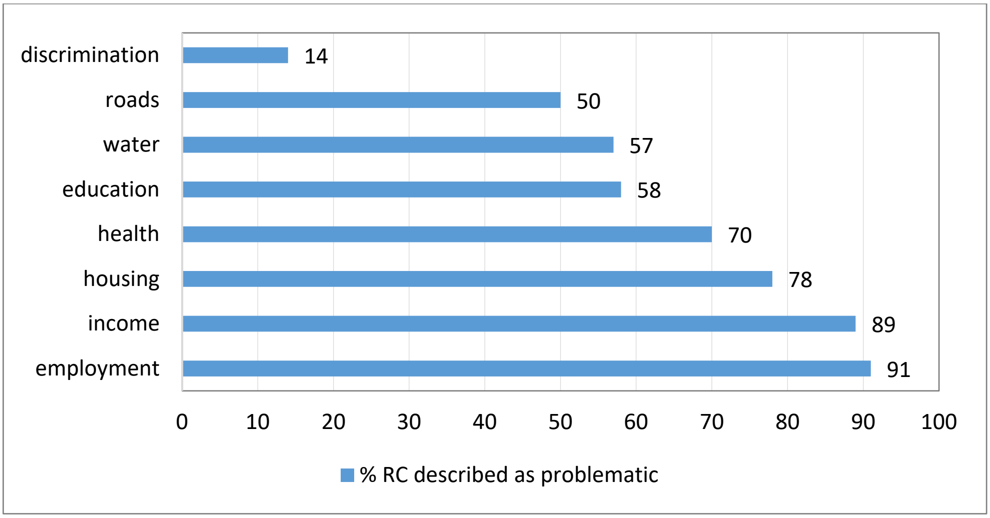
Table 2: Indicators of the marginalization level of the Roma community in Ocolna, resulted from the qualitative and quantitative analyses

Criteria	Key indicators	
	Qualitative analysis	Quantitative analysis
Human capital	• the Roma community exists since the 40-50's; • the natality is very high (50-60 births per year); • very early marriages: 12-13 years (girls) and 14-16 years (boys); • women are mostlyhousewives and mothers.	• the large Roma community in Ocolna has a rapid natural growth in comparison with the Romanian population in the commune; • growing birth rates – more than 60 births/1500 inhabitants.
Education	• 1 school and 1 kindergarten; • 1 highschool in Amărăştii de Jos; • ca. 400 children attend school; • insufficient places for children; • they make efforts to send them to school; • school abandon happens for girls around the 4-5th grade and for boys after the 10th grade;	• 8.6% did not attend school; • 17.5% attended only elementary school (4 classes); • 37.5% attended secondary school (8 classes).
Labour/Employment	• main income sources: state support (MIG), children's allowance, occasional work; • maximum 4-6 of the Roma people are employed; • 2 of the employed people are women working as cleaning ladies in the kindergarten; • there are several work places available in the commune, but the people are unqualified; • they usually do not find work places; • some of the people made qualification courses, but still found no job; • some of the people could not attend qualification courses, because they are illiterate; • they are interested in courses for several jobs: knitting, constructions, commerce worker, agricultural workers etc. • there is entrepreneurial potential for: hairstyling, tailoring, agriculture.	• Employed: 12 – 4,3%; • Professionally inactive: 143 (51,1%); work at home – household and agriculture works: 8 (2,9%); work at home- work occasionally: 3 (1,1%); supported by another person/other sources:1 (0,4%); supported by the state or private organizations (except for unemployment support: 50 (17,9%); student: 40 (14,3%); disabled/chronic illness/limited in daily activities: 23 (8,2%). • the most people are unemployed and live form state aids (MIG), children's allowances and money from occasional work. • the primary sector is predominant compared to the tertiary (services) and secondary sectors (industry). There is a potential for small food processing industry; • the most people (90.7%) would like to attend qualification courses; • only 1.8% of the participants would like to have their own business.

As it can be concluded from the analysis, a very large share op the population of Ocolna (predominantly Roma community) are unemployed and live from state benefits like children allowances, MIG (minimum income guarantee).

A study performed by the World Bank in 2005 points out the most important socio-economic problems of the Roma communities in Romania.

Figure 1: The share of Roma communities in Romania marked by socio-economic problems



Source: The World Bank, 2005

The results of the studies performed in Ocolna village confirm the above-mentioned most severe problems of the Roma communities.

There is a direct link between the lack of access to potentially available jobs due to the lack of qualification. Moreover, some of the people cannot attend nor qualification courses or jobs, due to illiteracy.

Social support for the Roma community in Ocolna

Starting from the results of the qualitative and quantitative analyses on the Roma community in Ocolna, the non-governmental organization ACCES Oltenia, very active in the social field, at regional and national level, applied for financing from the European Social Fund (ESF), through the Human Capital Operational Programme 2014-2020, Priority Axis 4: Social inclusion and combating poverty. The project, entitled "Integrated measures in the marginalized area Amarastii de Jos", with the indicative POCU 140/4.2./115018, has been implemented starting with the 10th of May 2018, for a period of 38 months. The target counts 707 registered participants. Partners in the project are Amărăștii de Jos Commune and Amărăștii de Jos Theoretical Highschool.

Among the project's specific objectives are: increasing the participation on the labor market for 400 persons from vulnerable groups, through integrated information, counseling and professional building activities, correlated with the market requirements; increasing life quality for the target group (that includes 100 children and 182 persons of the Roma minority), participating in integrated educational, occupational, social, health and housing activities, by

promoting the principles of non-discrimination and social inclusion, define as the interaction between community participation and an ecological model intervention, that includes individual, interpersonal, organizational, community, and sociopolitical factors. (Breaz, 2020: 106)

Table 3: Results of the project implemented by ACCES Oltenia in the community Amărăștii de Jos

	TARGET GROUP		HEALTH		PROFESSIONAL BUILDING	
No.	No. of registered persons	No. of persons of Roma minority	No. of medical analyses to perform	No. of investigated persons	No. of participants in the TG	No. of graduates in the GT
1.	707	267	520 adults – blood analyses	437	400 of which: 50 – specialization course and 350 – qualification course	387 of which: 50 – specialization course and 337 – qualification course
2.			100 pediatric exams	100 (unrep.)		
3.			200 PAP-tests	155		
4.			100 breast ultrasounds	100		

Conclusions

Within Romania's most vulnerable communities, positive change is not easily achievable, but it is possible, through the common effort of the state and of the civil society.

As we have witnessed after the Revolution from December 1989, the state only was not able to fill the social crevasses that appeared between the advantaged and the disadvantaged categories of the population. Some of them have deepened, increasing the phenomenon of social exclusion or marginalization.

Our paper made a short analysis of the current situation of a marginalized community in Dolj county, Romania, identified the most important socio-economic problems for the majority of the Roma community and presented an example of social support that can be implemented, through a project based on European financing and the partnership between public authorities and institutions and the representatives of the civil sector.

We recommend it as a positive model of community development, that causes impact from the bottom upwards, from the vulnerable group to the entire community.

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CHAPTER III
Parents' approach on drug prevention on teenagers

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Introduction

In the recent years, the topic of drug use has become quite a topic of discussion; in reality, the more it is discussed, the more it is ignored. Who ignores it and who is concerned about this phenomenon? A combination of identified factors already transforms the consumption behavior into a very complex one. The quality of the socialization process (Stormshak, 2004), the influence of the peer group, the attachment built with the parents, the parenting style, and many other factors of individual nature (self-control, resilience, etc.) are variables in the process of forming a child resistant to the temptations of consumption, variables, sometimes quite difficult to control. Parents seem to understand the gravity of the phenomenon, but show some "naivety" in the sense that most do not imagine that their child may be vulnerable to the risk of consumption. The specialized literature in the field of drug use is very rich, it addresses various dimensions of this phenomenon. Prevention of consumption in school is a very analyzed topic: Cuijpers, 2002; Bruvold, 1990; MacKinnon et al., 1991; Botvin, 2000). In fact, studies on prevention focused initially on the school environment and were followed by highlighting the family factors that occupy a particularly important space in the circuit of work in the field recently (Hoffmann, 1995; Kumpfer et al., 1996, Windle, 2000, Williams, 1996). Affiliation to certain groups, in fact, the peer group is a very important risk area, or at the same time could be, a protection area (Aseltine, 1995; Kandel, 1996; Svensson, 2000; Trost et al., 1999).

Cappello, Becher (2001) think that parents do not know exactly what the best time to discuss drugs with their children is. It seems that parents do not have these frequent discussions with their children (Van Der Vorst et al, 2005), and often communication is limited to the transmission of information, not to the sharing of feelings or active listening. O'Connor, 1988 highlights the particularly strong impact that parental involvement in school prevention activities has on a child's resistance to drug temptation. Various studies (Mallick, Evans, Stein, 1998; Costin, Roman, 2020) show that although parents are concerned about the subject of drug use, although they know that they are accessible to their children, they do not have much information to help prevent it, nor do they know the services to turn to. There are too few studies to show what parents of teenagers are aware of in Romania and how ready they are to address this issue. A previous research (Costin, Roman, 2020) finds parents quite confused, aware of the importance and severity of this phenomenon but lacking any prevention strategy.

ANA in the strategies it implements, aims to inform the parent as a particularly important factor in the wider context of prevention, however, counselors from county counseling, evaluation and drug prevention centers rarely meet with teenagers parents'. There is also a lack of prevention programs that include parents and children, given that they are considered the most successful prevention programs (Spoth, Redmond, 1994). The Me and my child project, implemented by CPECA, aims to strengthen the emotional ties between parents and children, parent-parent, but also aims at the family-school partnership. The project aims to prevent

drug use, including tobacco, alcohol and new psychoactive substances among vulnerable groups, by increasing the level of awareness and responsibility of families, in order to provide positive role models for children. The activities are information, education and awareness about the effects of drug use and involve several specialists, such as school counselors, psychologists, social workers and teachers, who work in schools in the County Centers for Resources and Educational Assistance ANA specialists.

Based on theories that emphasize the importance of self-control and personal development as a resource in the fight against drugs, national projects have been carried out in recent years, implemented from an early age and addressed to groups at risk (primary and secondary): My anti-drugs message, Uncensored, Creative, the ABC of emotions. The programs are run by drug centers in collaboration with NGOs, the police, social inclusion centers or universities. However, the family prevention segment remains somewhat uncovered.

(Miller-Day, 2008) suggests in his study that parents adopt different strategies to discourage substance use, of which, it seems that lack of tolerance is the most effective. The author proposes the involvement of parents in programs to improve the communication skills of parents with their children.

Materials and Methods

The objectives considered in this study are to test families' ways to prevent drug consumption by taking the opportunity to get to know their children's entourage better, through prolonged interactions with friends and through cherishing their children's friendships and entourage. Therefore, the hypotheses of the study were formulated as follows:

1. How parents understand to do anti-drug prevention by taking the opportunity to get to know their child's entourage better, and how prolonged interactions with friends and cherishing their children's friendships and entourage are related one to another.
2. In parents' perception, is there anyone in the family with whom the teenager has a strong, trusting relationship with whom he feels free to approach the subject of consumption?
3. Do parents know when they had the first discussion about drugs and the conditions under which they took place?

There are differences in parent's opportunity to get to know their child's entourage better depending on:

4. the level of education: primary school, high school and university studies.
5. the financial level of the family: poor, good and very good financial status.
6. their religious affiliation: Orthodox, Catholic and Protestant.
7. the family structure: single parent and two parent family.
8. the living environment: urban and rural environment.
9. There are differences regarding the parents' the opportunity to get to know their child's entourage better according to the evaluated parent: the mother or the father.

Participants

204 families, represented by the parents of high school students, were selected as participants of this study. The majority of respondents were mothers (over 65 percent) and in similar percentages, the subjects belonged to rural and urban areas. Less than a quarter of respondents were single-parent families.

Our team developed a semi-structured questionnaire applied to the parents of high school students with the help of the board of 204 of the families of 12 high school students.

Results

In order to carry on the correlational study, we calculated the descriptive and scattering statistical indices for the tested variables (parents' opportunity to get to know their child's entourage better, time friends usually spend toghether at one or the other place, parents' level of interaction with their children's friends, parents' perception of the possibility of the adolescent confession in case of illegal drugs consumption and parents' knowledge about institution or service which are specialized in interventions of drug consumption cases) on the whole sample taken in the study (table 1.1.). Following the descriptive analysis it is observed that the conditions of using a parametric correlation (symmetrical distributions, approximately equal standard deviations) are fulfilled, therefore we used the Bravais - Pearson parametric correlation coefficient.

Table 1.1. Descriptives and scattering statistical indices for tested variabiles

	N		Mean	Median	Mode	Std. Deviation	Minimum	Maximum
	Valid	Missing						
Friends	198	6	1.9697	2.0000	2.00	.17185	1.00	2.00
Time	191	13	1.5969	2.0000	2.00	.49182	1.00	2.00
Interaction	185	19	1.7730	2.0000	2.00	.42005	1.00	2.00
Confession	198	6	2.4091	3.0000	3.00	.90083	1.00	3.00
Intervention	196	8	1.2245	1.0000	1.00	.41831	1.00	2.00

1. The Pearson correlation indices calculated (table 1.2.) show a significant positive correlation between parents' opportunity to get to know their child's entourage better and parents' level of interaction with their children's friends, with a coefficient value r = .192 and a significance threshold sig = .009, between parents' opportunity to get to know their child's entourage better and parents' perception of the possibility of the adolescent confession in case of illegal drugs consumption, with a coefficient value r = .148 and a significance threshold sig = .037.

Moreover, there are also noticed a significant positive correlation between the time friends usually spend together at one or the other place and parents' level of interaction with their children's friends, with a coefficient value r = .401 and a significance threshold sig = .00.

Finally, correlation indices show a significant positive correlation between parents' perception of the possibility of the adolescent confession in case of illegal drugs consumption and parents' knowledge about institution or service which are specialized in interventions of drug consumption cases, with a coefficient value r = .202 and a significance threshold sig = .005.

Table 1.2. Correlation indices between the tested variabiles

		Friends	Time	Interaction	Confession	Intervention
Friends	Pearson Correlation	1	.035	.192**	.148*	.025
	Sig. (2-tailed)		.633	.009	.037	.727
	N	198	190	184	197	195
Time	Pearson Correlation	.035	1	.401**	.112	-.010
	Sig. (2-tailed)	.633		.000	.122	.889
	N	190	191	184	191	190
Interaction	Pearson Correlation	.192**	.401**	1	.047	.018
	Sig. (2-tailed)	.009	.000		.527	.807
	N	184	184	185	185	184
Confession	Pearson Correlation	.148*	.112	.047	1	.202**
	Sig. (2-tailed)	.037	.122	.527		.005
	N	197	191	185	198	196
Intervention	Pearson Correlation	.025	-.010	.018	.202**	1
	Sig. (2-tailed)	.727	.889	.807	.005	
	N	195	190	184	196	196

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

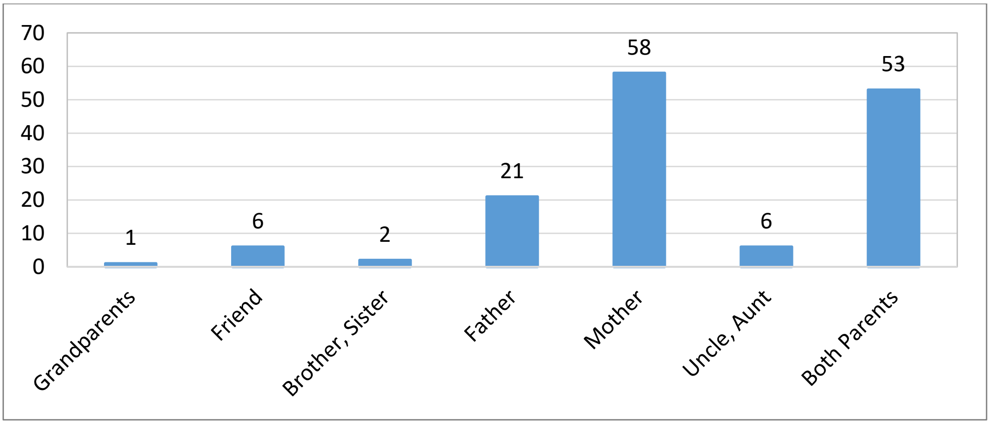
Following the analysis, we can say that, knowing that the influence of friends is crucial in adolescence, parents who are interested in their child's friends (friends' entourage) spend more time with them, they cultivate their children's friendships and implicitly interact to a greater extent with these friends.

Moreover, we can say, the longer the time spent by teenage friends together at one or the other place, the greater the interaction between parents and friends. Finally, parents who take the opportunity to get to know their child's entourage better also consider that there are trusted people in their family, with whom the adolescent feels free to approach the subject of consumption, and have knowledge about institution or service which are specialized in interventions of drug consumption cases.

2. The parents' perception about a member in their family with whom the teenager has a strong, trusting relationship and he feels free to approach the subject of consumption is the 22th item of the questionnaire, asking the parents to answer Yes or No, and also to name this member or members (open answer). 152 parents, representing 74.5% of the sample, answered with Yes, and 37 parents, representing 18.1% of the sample, answered with No.

In figure 1.1. it can be seen that, in the opinion of the parents, teenagers has at least one person with whom he feels free to discuss about drugs, and this person is the mother (58 points), both parents (53 points), followed by the father (21 points) and on the last places are uncles and aunts, brothers and sisters, friends and grandparents.

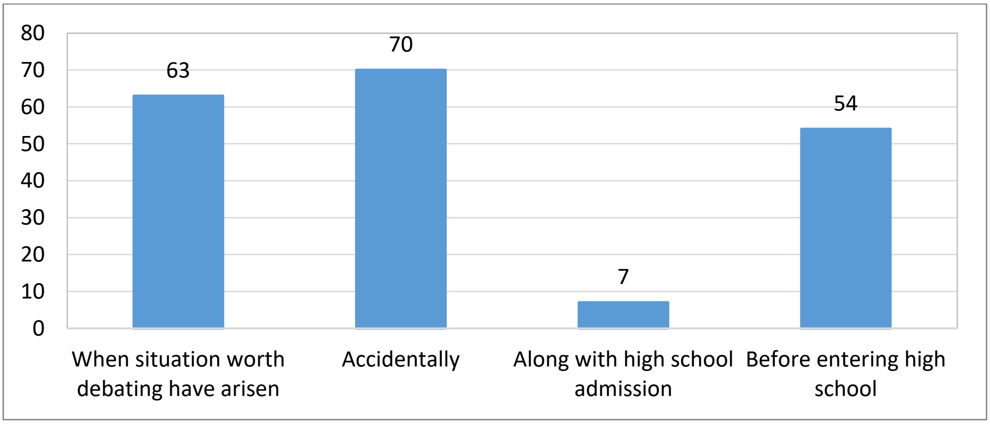
Figure 1.1. Trusted person for tenageers



In order to verify the statistical significance of the frequency of each answer, we applied the nonparametric Chi-square inferential test. The values of $\chi^2 = 141.851$ are statistically significant, at thresholds sig. $\leq .05$ for all answers, therefore the results can be generalized to the entire population.

3. Item 23 of the questionnaire ask parents to remember when when they had their first discussion about the drug problem with teenagers by choosing from 4 possible answers: before entering high school, along with high school admission, accidentally, when situations worth debating have arisen. In figure 1.2. it can be seen that, as far as parents remember, the most discussion about drugs took place accidentally, followed by situationally, when situation worth debating have appeared, 54 parents discussed about drugs before their children entered high school and 7 parents discussed about drugs when children were admitted in high school.

Figure 1.2. When took the first discussion place



In order to verify the statistical significance of the frequency of each answer, we applied the nonparametric Chi-square inferential test. The values of $\chi^2 = 50.00$ are statistically significant, at thresholds sig. $\leq .05$ for all answers, therefore the results can be generalized to the entire population.

The dependent variables in the next hypotheses consisted of the scores of the subjects on the questionnaire items that explore the way parents understand to do anti-drug prevention, which form the fourth part of the questionnaire: the parents' opportunity to get to know their child's entourage better, the time friends usually spend together at one or the other place, the parents' level of interaction with their children's friends.

For the purpose of testing hypotheses 4 – 6 we performed the descriptive statistical analysis for the tested variable separately for the groups formed according to the level of education of the participants: primary school studies, N = 12, high school studies, N = 126, and university studies, N = 61; for the groups formed according to the level of living, evaluated by the financial status of the participants: poor living level, N = 9, good living level, N = 177, and very good living level, N = 14; for the groups formed according to the religious affiliation of the participants: Orthodox religion, N = 123, Catholic religion, N = 18, and Protestant or neo-Protestant religion, N = 55 (table 1.3).

Table 1.3. Descriptives and scattering statistical indices – parents knowing friends

		Education			Financial			Religion		
		prim.	high.	univ.	poor	good.	very good	Orthodox	Catholic	Protestant
N	Valid	12	112	54	8	158	13	114	15	47
	Missing	0	14	7	1	19	1	9	3	8
Mean		5.33	5.21	5.62	4.87	5.33	5.84	5.38	5.53	5.21
Median		5.50	5.00	6.00	5.00	6.00	6.00	6.00	6.00	5.00
Mode		6.00	6.00	6.00	4.00[b]	6.00	6.00	6.00	6.00	6.00
Std. Deviation		.88	.83	.68	.83	.81	.37	.81	.63	.83
Minimum		3.00	3.00	4.00	4.00	3.00	5.00	3.00	4.00	3.00
Maximum		6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00

Following the descriptive analysis it is observed that the conditions of using a parametric inferential test (symmetrical distributions, approximately equal standard deviations) are fulfilled, therefore we tested the statistical significance with Anova unifactorial and calculated Fisher coefficients (table 1.4).

Table 1.4. One-way ANOVA comparison – parents knowing friends according to studies, financial and religion

Entourage		Sum of Squares	df	Mean Square	F	Sig.
Education	Between Groups	6.288	2	3.144	4.997	.008
	Within Groups	110.116	175	.629		
	Total	116.404	177			
Financial	Between Groups	5.038	2	2.519	3.966	.021
	Within Groups	111.789	176	.635		
	Total	116.827	178			
Religion	Between Groups	1.536	2	.768	1.180	.310
	Within Groups	112.623	173	.651		
	Total	114.159	175			

4. Following the descriptive analysis (table 1.3.) it is observed trends towards differences between the three levels of education, thus, a high score reflects a greater importance of the friend's entourage for the parents. The mean for the group of participants with university degree (m = 5.62) is higher than the mean of the group with primary school studies (m = 5.33) and the group with high school studies (m = 5.21). After calculating the F test (table 1.4) we obtained a coefficient F = 4.997 at a threshold sig. = .008 for the parents' knowledge of the entourage, which means that the differences between the groups according to the levels of education are statistically significant.

Since the value of the F test shows only a general influence of the differences, we used the Scheffe post-hoc comparisons test to see between which levels of studies the differences are statistically significant. Considering the unequal distribution of subjects in the groups and the possibility of type 1 error due to the small number of subjects in the group with primary school studies, we will continue to refer only to the two groups made up of participants with high school and university studies.

The results of the post-hoc comparisons demonstrate significant differences at the thresholds below .05 between the high school and university studies for the variables parents' knowledge of the entourage, in other words, the level of studies of parents influences the way parents are interested in their children's friends. Therefore, parents with university degree will consider knowing the entourage of their children to have a greater importance for the anti-drug prevention, they will take the opportunity to know their child's entourage better, their children's friends spend more time together at one or the other place and parents will interact with entourage at a greater extent than the parents with high school education.

5. After performing the descriptive analysis (table 1.3.) it is observed trends towards differences between the three levels of financial status, thus, a high score reflects a greater importance of the friend's entourage for parents. The mean for the group of participants with very good living status (m = 5.84) is higher than the mean of the group with poor financial status (m = 4.87) and the group with good financial status (m = 5.33). After calculating the F test (table 1.4) we obtained a coefficient F = 3.966 at a threshold sig. = .021 for the parents' knowledge of the entourage, which means that the differences between the groups according to the financial status are statistically significant.

Since the value of the F test shows only a general influence of the differences, we used the Scheffe post-hoc comparisons test to see between which levels of studies the differences are statistically significant. Considering the unequal distribution of subjects in the groups and the possibility of type 1 error due to the big number of subjects in the group with good financial status, we will continue to refer only to the two groups made up of participants with poor and very good financial status.

The results of the post-hoc comparisons demonstrate significant differences at the thresholds below .05 between the poor and very good financial status for the variables parents' knowledge of the entourage, in other words, the financial level influences the way parents are interested in their children's friends. Therefore, parents with very gool financial status will consider knowing the entourage of their children to have a greater importance for the anti-drug prevention, they will take the opportunity to know their child's entourage better, their children's friends spend more time toghether at one or the other place and parents will interact with entourage at a greater extent than the parents with poor financial status.

6. Following the descriptive analysis (table 1.3.) it is observed trends towards differences between the three levels of religious affiliation, thus, a high score reflects a greater importance of the friend's entourage for parents. The mean for the group of participants with

Catholic religion (m = 5.53) is slightly higher than the means of the other two groups, the Orthodox religion (m = 5.38) and the Protestants (m = 5.21). After calculating the F test (table 1.4) we obtained a coefficient F = 1.180 at a threshold sig. = .310 for the parents' knowledge of children's friends, which means that the differences between the groups according to the religious affiliation are not statistically significant. Therefore, we can say that the religion do not influences the way parents are interested to know friends entourage better.

For the purpose of testing hypotheses 7 – 9 we performed the descriptive statistical analysis for the tested variable separately for the groups formed according to the family structure: single parent family, N = 44, and two-parent family, N = 147; for the groups formed according to the family living environment: urban area, N = 108, and rural area, N = 85; and separately for each parent: mothers, N = 135 and fathers, N = 43 (table 1.5.)

Table 1.5. Descriptives and scattering statistical indices – parents knowing friends

		Family		Environment		Parent	
		one-parent	two-parent	urban	rural	Mother	Father
N	Valid	42	130	97	76	123	38
	Missing	2	17	11	9	12	5
Mean		5.40	5.36	5.29	5.40	5.38	5.31
Median		6.00	6.00	6.00	6.00	6.00	5.50
Mode		6.00	6.00	6.00	6.00	6.00	6.00
Std. Deviation		.73	.82	.81	.80	.81	.77
Minimum		4.00	3.00	3.00	3.00	3.00	4.00
Maximum		6.00	6.00	6.00	6.00	6.00	6.00

Following the descriptive analysis it is observed that the conditions of using a parametric inferential test (symmetrical distributions, approximately equal standard deviations) are fulfilled, therefore we tested the statistical significance with the t (student) test for independent samples and calculated t coefficients (table 1.6).

Table 1.6. Test t comparison – parents knowing friends according to family, environment and parent

Prevention		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Family	Equal variances assumed	.899	.344	.303	170	.763	.04322	.14285	-.23877	.32522
	Equal variances not assumed			.321	77.247	.749	.04322	.13451	-.22461	.31105

Prevention		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Environment	Equal variances assumed	.014	.907	-.876	171	.382	-.10893	.12436	-.35440	.13654
	Equal variances not assumed			-.878	162.630	.381	-.10893	.12406	-.35391	.13606
Parent	Equal variances assumed	.068	.794	.443	159	.658	.06632	.14956	-.22906	.36171
	Equal variances not assumed			.456	64.342	.650	.06632	.14559	-.22450	.35715

7. After performing the descriptive analysis (table 1.5.), trends towards differences between the two types of families are observed, thus, a high score reflects a greater importance of the friends entourage for parents, the mean for the group of participants with a single parent family being slightly higher (m = 5.40) than the mean for two-parent family (m = 5.36).

After calculating the t test (table 1.6.) we get coefficient value (t = .303) at statistically insignificant thresholds, greater than .05, which means that the differences between the groups formed according to the family structure are statistically not significant regarding the way parents are interested in knowing their children entourage.

8. Following the descriptive analysis (table 1.5.) it is observed trends towards differences between the two types of living environment, thus, a high score reflects a greater importance of the friends entourage for parents. The mean for the group of participants from urban living environment being slightly lower (m = 5.29) than the mean for the participant from rural living environment (m = 5.40).

After calculating the t test (table 1.6.) we get coefficient value (t = −.876) at statistically insignificant thresholds, greater than .05, which means that the differences between the groups formed according to the living environment are statistically not significant regarding the way parents are interested in knowing their children entourage.

9. After performing the descriptive analysis (table 1.5.) it is observed trends towards differences between the two groups of parents, thus, a high score reflects a greater importance of the friends entourage for parents, the mean for the mothers being slightly higher (m = 5.38) than the mean for fathers (m = 5.31).

After calculating the t test (table 1.6.) we get coefficient value (t = .443) at statistically insignificant thresholds, greater than .05, which means that the differences between the groups formed according to the evaluated parent are statistically not significant regarding the way parents are interested in knowing their children entourage.

Conclusion

Knowing that the influence of friends is crucial in adolescence, parents who are interested in their child's friends spend more time with them, they cultivate their children's friendships and implicitly interact to a greater extent with these friends. The results show that both mother and father appreciate that it is important to know the child's entourage; also, there are no significant differences between the interest in the entourage of the single-parent family compared to the birental family. The parent left alone tries to make up for the possible absence of the other parent, trying to know the entourage and control over spending free time with children of the same age.

There are no differences between the rural and urban environment, nor religious,the parents with very good financial status will consider knowing the entourage of their children to have a greater importance for the anti-drug prevention, they will take the opportunity to know their child's entourage better, their children's friends spend more time together at one or the other place and parents will interact with entourage at a greater extent than the parents with poor financial status.

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CHAPTER IV
How family conditions influence vulnerability to drug use. Results of an empirical study among high school students

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Abstract: This article focuses on the analysis of a specific vulnerable group, namely adolescents who are at risk of becoming drug users. The hypothesis from which we start in this study is that, for a young adolescent, the family climate influences the risk of becoming a drug user. A series of problems faced by the current Romanian family (disappearance of extended family, emergence of single-parent families, increased divorce rate, external migration for work) has a significant impact on young people and expose them to the risk of entering the category of drug users. The article presents some of the results of an empirical study conducted in 4 high schools in Dolj County (both rural and urban), among 153 adolescents who came from families with different patterns: single-parent families, families in which at least a parent has left to work abroad, families in which both parents have left Romania, and children are left in the care of relatives. We selected for this article those questions that could verify the two hypotheses from which we started in our study, namely: the more socio-economically marginalized families are students, the higher the risk of falling into the category of drug users; the lower the parental control, the higher the risk of drug use among adolescents.

Keywords: vulnerable group; drug users; parental control; external migration; negative socialization

1. Context

Young people are the most vulnerable in terms of adopting undesirable behaviour. Age, gender, parental use, parent-child relationship, family status, academic performance, and school engagement are factors that motivate young people to use alcohol and drugs.

Like in an ever looking-glass self, oscillating between the conduct of exaltation and that of affirmation, between the conduct of revolt and that of self-closure, “the adolescent seems to possess an intermediate mentality between the egocentrism of the child and the more objective way of the mature man” (Banciu, Rădulescu & Voicu, 1987: 123). Lacking the resources necessary for the needs of life, sometimes in disagreement with society and the authorities, young people choose groups of equals (pairs) where they feel valued and, not infrequently, fall into the trap of drug use, which becomes for them a lifestyle. In fact, the period between childhood and adulthood is a time when a child undergoes a number of physical, emotional, cognitive, moral and social changes before reaching adulthood, and these changes also influences by the social environment, because the residential environment plays an important role in assessing stress in adolescents (Breaz, 2020: 140)

The most important social institutions that can “fight” against the drug use among young people are family and school. Regarding the family, there is a clear evidence that the Romanian family has suffered significant changes during the last 30 years: “occupational migration, change of family roles, accentuation of economic cleavages, acute poverty” (Goga &Niță, 2019: 35), all of them contributed, in a different share, of course, to the new image of the Romanian family.

Referring to the role of school and education, in general, some scientific works highlight the fact that “schools emphasize conformity and discourage deviance” (Goodman, 1992: 266). Also, education plays an important role in shaping the personal and professional path of youth, helping them to keep the connection to the society and not to lose the connection with school and with labour market, and being, thus, included in another vulnerable group – the NEET’s. (Niță, 2017: 92). On the other hand, adapting the education system to social realities, to the information needs of students by carrying out activities that focus not on simple advice, sermons or threats, but on the development of resilience and emotional intelligence, can contribute if not to stop consumption, at least at the end of the transition period, from occasional to frequent consumption. Developing appropriate attitudes towards oneself and others, by cultivating positive self-esteem, empathy, becomes the pillar of the correct development of students’ personality and increase the possibility for them to develop life skills to cope with temptations and prevent deviance. Deviance is “the set of behaviours and states that members of a group judge to be inconsistent with their expectations, norms, or values and which, consequently, risk arousing reproach and sanctions on their part” (Boudon, 1997: 440). According to the Dictionary of Sociology, deviance is any act or manifestation that violates the written or unwritten norms of society or of a particular social group (Zamfir & Vlăsceanu, 1998: 165).

2. Conceptual Framework

The use of what are commonly called “drugs” (opium, heroin, cannabis, etc.) in fact developed in Western societies at the end of the 19th century, to spread massively from the 1960s in the United States, then in Europe, and in many other countries today. There is an essential dimension to the experience of drugs when it turns into drug addiction: the continuation of a practice, certainly pleasant in some respect, but which we know harmful and which we would often like to be able to get rid of. (Bergson, 2009: 3)

Sociological studies show that the popular image of the drug refers to distinct representations: decay, irresponsibility, compulsion, even animality. This image calls in itself “the condemnation of a horrifying, even fatal, practice” (Ogien: 2002; Abraham, 2005: 579). Also, R. Campbel in his work “Our children and drugs”, defines the drug as “a substance whose use becomes a habit and which directly affects the brain and nervous system, changes mood, perception or consciousness”. (Campbel, 2001: 9). Broadly speaking, drugs are substances with negative effects on the body, which act differently depending on the amount consumed or how often they are used. potential to be addictive. Also, they have a strong negative impact on mental health: for example, according to some studies, in 2016, “substance use disorders (drugs and alcohol) were responsible for 25% and depressive disorders, bipolar disorder” (Iovu & Breaz, 2019: 461)

Attempts to define drugs include a number of synonyms: medicine, chemicals, narcotics, narcotics, psychotropic drugs or psychoactive products. All these terms are associated with the expression “addiction” or “addiction”. The standards of the medical, psychological and social assistance system in Romania, define addiction as the urgent or persistent need to continue drug use, in order to obtain a state of well-being or to avoid the state of illness generated by its interruption. The literature describes three types of addictions: physical, mental and social, each of which has symptomatic manifestations: physical addiction, - called (neuroadaptation) is a condition characterized by the need to maintain certain levels of a drug in the body developing a drug-body relationship; psychological addiction is determined by the irresistible desire to repeat the administration of the drug; social dependence is determined by the individual’s need to use the drug as a sign of belonging to a social group, which gives him personal identity (Trifan & Năforniță, 2016: 31-32).

3. Theories about drug use. A synthetic approach to some theoretical perspectives

Tolerance of certain behaviours labelled as social deviant because they do not comply with the general rules of society, is based on the fact that they do not pose a threat to the social order. Not the same can be said about the attitude towards juvenile delinquents in general, drug users in particular.

Violation of the social norms and rules accepted by society by "those under the age at which the law treats people as adults", as expressed by N. Goodman, is negatively sanctioned informally, by isolation, marginalization or labelling. Young people are often in open conflict with society's expectations due to their chosen lifestyle. Erving Goffman considers drug addicts to be "social deviants", "failures in the motivational scenes of society" (Goffman, 2009) Such labelling, or stigmatization causes drug users to behave according to the label, to join groups bearing the same stigma, have the same norms and values.

"Drug use disrupts communication with an undesirable world from their point of view, and with people considered compliant and rigid, choosing to maintain relationships only with those who are part of his group and consider that they can understand and accept him unconditionally". (Răscanu & Zivari, 2002: 293). The quality of member of a group is acquired rather by conformity, which implies, first of all the adaptation to the tasks and functions of the group, then, the assimilation of the physical and moral models of behaviour promoted by the group. In this sense, the group "offers the adolescent an ideal in itself, a reassuring image of his own self, an antidote to his previous anxieties" (Banciu, Rădulescu & Voicu, 1987: 23).

Although many of the reference groups have positive effects on the adolescent's personality, there are also situations in which such groups are the source of adopting antisocial behaviours. On the one hand, groups exert constant pressure on members to make them do the same (alcohol, tobacco, drugs, theft, etc.), on the other hand, we must mention that the relationship of affiliation to a group and substance use Forbidden is not one-way, but one of mutual influence, knowing that adolescents are oriented to groups that have the same concerns.

One of the most frequently mentioned theories is the theory of primary socialization. It focuses on problem behaviour, and drug use is one of them. The fundamental premise of this theory is this: "even if the biological basis of human behaviour is indisputable, essentially all human social behaviours are learned, or contain key components that are learned" (Abraham, 2005: 32-33). Deviant social behaviours, such as drug use, murder, violence is among these learned behaviours. In a first sense, primary socialization takes place within the family while secondary socialization takes place through all other instances. A second definition tells us that primary socialization is the integration of basic attitudes and knowledge, and secondary socialization is the additions to this knowledge. Finally, the third understanding can be considered in terms of life cycles (Darmon, 2010: 9-10). Primary socialization occurs between birth and late adolescence, and secondary socialization is a process that begins in adulthood. The difficulty with this distinction is that adolescence and adulthood are not clearly defined periods in time. This theory holds that the transition from primary socialization to drug use can be achieved in two ways: a) addiction occurs as a result of socialization; b) by dependence on a lifestyle based on drug use.

Another significant theory in this field is the theory of social learning, attributed to A. Bandura (2003). This is a psychological theory based on the principles of learning and knowledge of the person from the perspective of the social environment in which he manifests his behaviour. From this theory derives another theory that, when the individual does not have the confidence in his ability to cope with a situation at high risk of relapse (feeling of self-efficacy) or that he has not developed effective coping skills to cope, there is then a high probability that he will relapse (Breaz &Demeter, 2020; Witkiewitz & Marlatt, 2004)

4. Results of an empiric research among high school students from Dolj county.

The research conducted among students from 4 high schools in Dolj County aimed at the following objectives: identifying students' perception of the risk of drug use and differentiating this perception on social areas of residence (urban, rural); Identifying the causal relationship between the family factor (parental control) and the risk of becoming a drug user.

In the research undertaken we started from the following two hypotheses that we set out to verify:

H.1. The more socio-economically marginalized families are students, the higher the risk of falling into the category of drug users.

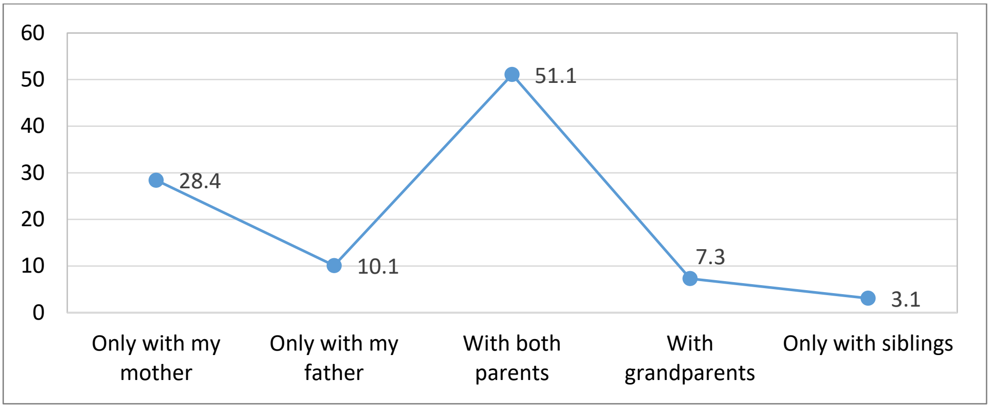
H.2. The lower the parental control, the higher the risk of drug use among adolescents

In this sense, we included in our sample 153 students (N = 153) aged between 15 and 17 years, students at 4 high schools in rural and urban areas of Dolj County.

Being a quantitative research, the research method we used was the opinion survey method, and the working tool of this research was the self-completed questionnaire, through the GoogleDoc platform.

The questionnaire included 38 questions. To test our hypotheses, some of the questions were aimed at obtaining information about the type of family that young people belong to, focusing on identifying situations that can lead to imbalances in the family sphere - such as, for example, external migration of parents. According to the answers to the questions in the questionnaire, almost half of the respondents in the sample did not live with both parents, but only with their mother (28.4%) or only with their father (10.1%), grandparents (7.3%) or with other siblings (3.1%)

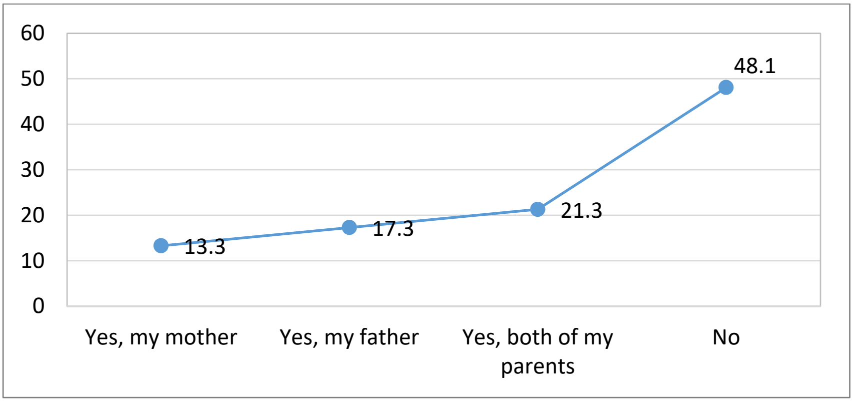
Figure 1: Who do you currently live with? (N = 153)



Percentages obtained on the question "*Who do you currently live with*?" highlight the fact that our respondents, in proportion of 49.1%, live in households where either one of the parents or both parents are missing. From the correlation of the answers to this question with those obtained to the question "*Are there people in your group of friends who are used to using drugs*?" it was observed that a significant share (62.8%) of those who answered "Yes" to this question was represented by young people living in households where at least one of the parents was not present. This conclusion also confirms the conclusions of other studies developed at national level, which highlight the negative impact that the absence of parents

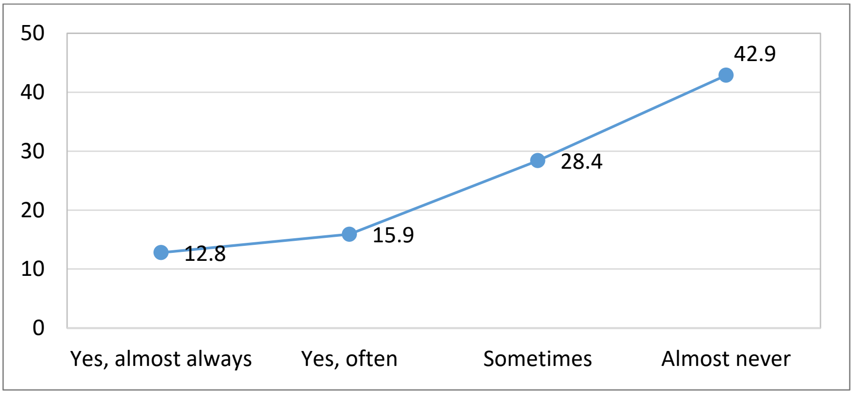
from their children's lives can have on their personal, educational and professional path. The absence of parents can be explained by the fact that at least one of the parents works outside Romania. External migration is indeed a phenomenon with extremely strong effects on the personal development of children left "at home" in the care of other relatives. Children whose parents have gone to work abroad have, from the point of view of the educational process, a profile similar to those living in single-parent families as a result of the separation of their parents or the death of one of them. This shows that, although going to work is temporary, the effects on children can be similar to those of a long-term or permanent separation.

Figure 2: Are any of your parents currently living abroad? (N = 153)



Out of the total of our respondents, 21.3% had both parents working abroad, a percentage that can express a worrying reality: these young people are in a situation of social risk, being vulnerable to social problems, such as school absenteeism, school dropout, juvenile delinquency, crime, alcohol and drug use. There is no effective parental control for them, and the risk of becoming a drug user is extremely high. Also, the absence of one of the parents raises serious problems. The absence of the father in the family, the person who traditionally embodies authority, order, and discipline, can create a principal vacuum. Even if the mother tries to compensate, largely taking over the duties of the husband, she will not be able to fulfil them properly, and therefore the child risks being guided by rules and principles embedded in an inconsistent, non-unitary or defective system (Moisin, 2001: 92).

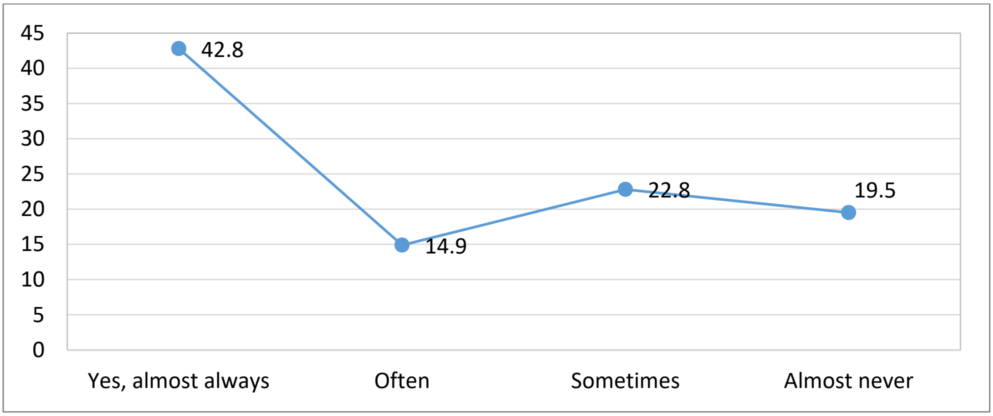
Figure 3: Have your parent/parents set strict rules
about what you are allowed to do outside the home? (N = 153)



Regarding parental control, for 42.9% of the students who were part of the research group, there are no strict rules imposed on the family regarding what they can or cannot do outside the home. Lack of parental control is associated with the risk of drug use, because 90% of all young people in the family who do not have strict rules on behaviour outside the home are young people who have in the entourage of friends, people who use drugs.

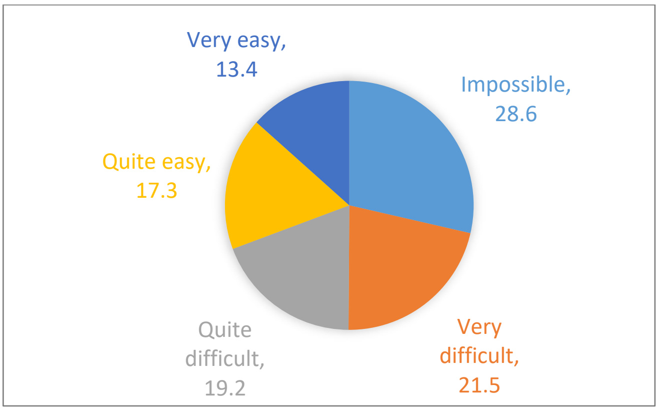
And from this point of view, the family-school-community partnership is indispensable for the prevention of drug use, by ensuring the internal coherence and functionality of the socialized normative system. Children whose parents are considered to be resigning, are increasingly mobilized when it comes to identifying the causes of "slippage" or "problems" of young people (Muchielli, 2000).

Figure 4: My parent/parents know who I spend my free time with (N = 153)



For 42.8% of young people participating in the research, their parents know their entourage and group of friends, which can be considered gratifying. However, there is also a process that should be a source of concern: 19.5% of students indicated that their parents do not know with whom they spend their free time "almost never". Lack of communication between parents and children, lack of parental involvement, lack of parental control can also be risk factors in drug use. For this youths, the function of the family during the early years of development has not been effective, and the adolescent's bonds with parents and siblings are often precarious.

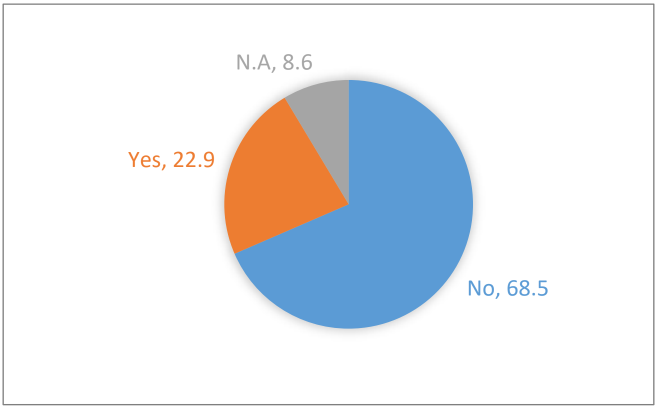
Figure 5: How hard would it be for you to get drugs if you wanted to? (N = 153)



The fact that drugs can be easily procured by young people is one issue that any effective strategy for preventing and combating drug use should focus on. In the view of over 49% of respondents, drugs are almost impossible or very difficult to procure drugs if they so wish. Worrying is the percentage of 13.4% - young people who appreciate that, if they wanted, they could buy drugs very easily, a percentage that, without being considered insignificant, reflects the danger to which high school students are exposed.

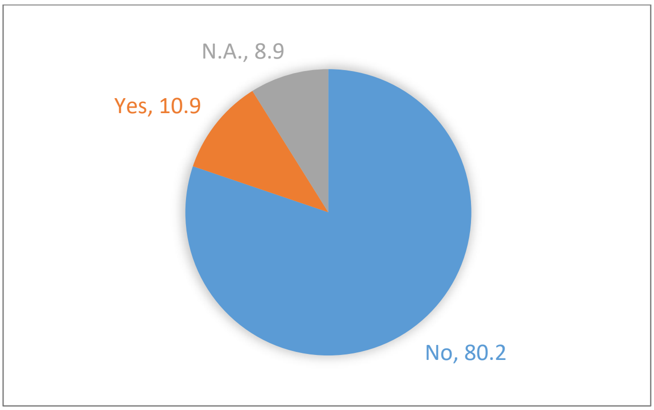
Following the statistical correlations, it was observed that among those who opted for this answer option ("very easy") predominate young people who have both parents abroad (34.7%) or at least one parent - mother or father (45.5%), which can confirm, once again hypothesis no. 2 of our research. A much more in-depth analysis can be done (in the future) through qualitative research, in order to capture the meaning of this phrase – "procure drugs very easily": if it refers to accessibility or the financial possibility to procure against -cost.

Figure 6: Have you ever been offered drugs for your own use, for free? (N = 153)



22.9% of students in the research sample said that over time they were offered free drugs for their own consumption. Following the statistical correlations with the sex of the respondents, 56.3% were female. Also, 65.3% of them indicated that they have a group of acquaintances in which it is customary to use drugs, which confirms the hypothesis that the entourage is the most important circle of negative socialization, correlated with drug use.

Figure 7: Do you have an acquaintance group where there are people who are used to using drugs? (N = 153)



From the figure above it can be seen that 80.2% of the students interviewed do not have a circle of acquaintances in which there are people who are used to using drugs. Not to be ignored is the percentage of 10.9% of adolescents in whose entourage there are people who are used to using drugs. From our point of view, they represent a vulnerable category (Buzducea, 2010) that can represent also the target group of young people most targeted by strategies for preventing and combating drug use.

Following the statistical correlations, a profile of them could be deduced: 72.5% are boys, 54.3% come from families in which at least one parent is missing, gone to work abroad; 63.3% come from families with poor parental control - parents do not have information with whom they spend their free time; 52.5% usually miss school; 75.0% come from families in which the parents do not keep in touch with the school and are not interested in the children's school results.

Conclusions

Studies on drug use in general often consider different aspects of the life context (family, peers, school, etc.) as risk factors for drug use. The strategies preventing drug use and consumption cannot limit the intervention to the individual and they must also act on his environment. Two main environments are then targeted, the family and the school. In the first case, it is indicated that approaches focused on education and on improving parenting skills are generally identified as being effective. The systemic approach is also favoured. As for the school, it should be emphasized three important aspects: the importance of the school climate and the bond of trust that is established with adults; the development of recreation programs; and the use of peer groups. The causes of drug use are multiple, both psychological and social, related to the family, its socio-economic status, the entourage of friends, the school climate. Therefore, an effective drug prevention and control program must take all these factors into account and include measures for each of them.

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CHAPTER V
Challenges of career options in adolescence

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In adolescence, development is achieved on all levels and extremely fast. Thus, the young person forms new behaviors and new ways in which he relates to those around him, but also new ways of understanding and adapting to the environment. At this stage he knows himself and others better and seeks a new identity, seeks to discover his role in society. At the same time, he identifies his values, interests, principles, goals for which he will be guided in life, and all these things are not easy to discover. Everything will be done with tension and conflict, with disappointments, but also with new and intense emotions (Schwartz, Kelemen, & Moldovan, 2008).

During this period, the adolescent forms some age-specific personality traits. Autonomy is one of the most important traits acquired during this period, a trait that the adolescent gradually acquires, depending on the situations he faces and how he manages to overcome them. However, in contrast to autonomy, there is another stage-specific feature: vulnerability. Another personality trait that is enriched at this stage is the moral conscience, which consists in acquiring moral values and norms in order to guide one's conduct around them and to issue one's own moral judgments and assessments. In the first phase, adolescents are in a moral radicalism, but then, they better understand the nuances of moral norms in concrete situations (Cretu, 2009).

If teenagers are asked what they would like to work with, they often do not know or come up with insignificant or even unrealistic things. Counseling helps adolescents to know their personal skills and abilities, to try the relationship between their particularities and different jobs, to be able to describe, express and argue their interests, to be aware of their potential for aggression, to find explanations for failures and stereotype, to be aware of the opinion of others about them, to identify and solve problems, to assume responsibilities, duties, to identify alternatives, to self-organize, etc. (Jigău, 2001; Maier, 2019).

The choice of a profession is through the active involvement of the adolescent in formal and non-formal activities; by which it can discover its skills. (Bran & Balaş, 2017) Through vocational counseling, adolescents are encouraged to adopt reflective thinking. The adolescent understands that his vocational choice is based on knowing his own person, his interests and abilities, being anchored in reality. In the professional orientation of the adolescent can intervene various factors such as: education, labor market, interests, personality characteristics, skills, family history, socioeconomic status or personal network (Golu, 2015).

In the decision making process on choosing a profession, the adolescent may encounter various problems: lack of information or insufficient data; lack of self-confidence, procrastination, misunderstanding of self and labor market specific phenomena; dependence on other people; internal conflicts; choice anxiety; unrealistic goals; psychological immaturity in decision making, etc. (Jigău, 2001).

Self-knowledge is very important in professional orientation and involves confronting the self-image with the image that others have formed about us, concluding realistically. In this process, the adolescent analyzes the personal achievements, the potential, the qualities and the individual particularities that he can capitalize on. This process involves "*self-analysis, a good self-image, realism, intuition, lucidity, internalization and the correct use for oneself of the evaluation and responsibility criteria*" (Jigău, 2001, p. 183). Encouraging this process begins with the first counseling activities in high school and continues at the university level (Bran & Dughi, 2016). The aim is to strengthen oneself skills of analysis, and this way to become an autonomous adult professional. (Bălaș-Timar, Dughi & Balaş, 2017)

The process of career guidance of adolescents has two main phases. The first phase is to identify the problem itself and set goals. This involves forming a relationship with the counselor, gathering relevant information about him, and understanding his behavior. The second phase is the solution of the identified problems and the fulfillment of the client's objectives. This phase involves acting to counsel the adolescent, meeting the objectives and building an action plan and, finally, evaluating the results obtained by the adolescent after counseling (Zlate, 2004). The educational partnership between the school, the families, the community and the adolescent becomes important at this point. (Balaş, 2017; Maier, 2014).

Various theories on career guidance have been developed over time. One of the significant theories to explain this concept is John L. Holland's theory of vocational personality. The idea from which the researcher started was the idea that an individual's personality is fully expressed in the profession he exercises and that a possible balance or imbalance of his personality is given by favoring or preventing the expression of personality through the work of the individual. The researcher identified six types of vocational personalities (realistic, investigative, artistic, social, entrepreneurial and conventional) and six occupational environments related to each type (Zlate, 2004).

Therefore, according to Holland, professional orientation is influenced by the match between the type of personality and the type of profession chosen. Individuals choose those professions that allow them to express their personality. At the same time, a good match between the individual characteristics and those of the chosen type of profession leads to the increase of vocational satisfaction (Zlate, 2004).

Another theory of career guidance is the theory of career anchors developed by Edgar Schein. This theory refers to the self-image of the individual and is a "*psychological construct that summarizes in itself the most important acquisitions of the individual in terms of attitude-value and behavior that he would not give up under any circumstances"* (Zlate, 2004, p. 362). These career accents have a dynamic and formative character (they appear after a few years of profession), they have a lifelong stability and the power to guide and orient the individual during his career (Zlate, 2004). This theory refers especially to people who have worked in a certain field, but can also be adapted to adolescence, analyzing their curricular and extracurricular activities and the anchors they establish during these activities.

In conclusion, for a better professional orientation of the adolescent, some characteristics of his personality must be taken into account. One of the fundamental characteristics in this process and perhaps the one that provides us the most information about the individual, are his interests. Another basic characteristic necessary for a profession is responsibility, because in any field of activity you need a degree of responsibility and even in everyday life.

Responsibility

Responsibility is a concept that designates “the *obligation* (of a person) *to account for his deeds, before certain courts, according to well-determined procedures*” (Ardeleanu, Dorneanu, & Baltă, 2006, p. 1038). At the same time, responsibility can also be explained as the moral or intellectual need or obligation to complete a duty, a promise or to make amends. Also, this concept brings together notions such as: competence, strength or commitment (Ardeleanu, Dorneanu, & Baltă, 2006).

The sense of responsibility is accentuated all the more during this period of development as the deeds of adolescents can be punished by law from the age of majority and also around this age ends the schooling period and are pushed to choose a vocational training or even a profession.

Man is a social being and cannot live without interacting with others, and the fact that we are part of a society imposes certain rules of conduct and interaction that help us live with others. Adherence to these rules implies a degree of responsibility (Schwartz, Kelemen, & Moldovan, 2008).

A tool has also been developed to measure this concept. It contains 10 statements to which the subject will answer “Yes” or “No”. Depending on the subject’s answers, a score will be calculated, and a high score indicates that the subject has a high degree of responsibility, but a low score indicates that the subject has a low degree of responsibility (International Personality Item Pool). This questionnaire has been used in various studies in the field of psychology. A study conducted in our country aimed at the Romanian adaptation of the International Set of Personality Items (Iliescu, Popa, & Dimache, 2015).

Another study that looked at responsibility in adolescence showed that meeting basic needs indirectly and positively influences this trait, as well as academic achievement and the efficiency of career decision-making. Adolescents’ responsibility is also positively influenced by interpersonal correctness. These results underscore the need for good school experiences to promote active civic spirit and greater responsibility in students (Mameli, Molinari, & Passini, 2019).

Professional interests

During adolescence, the interests of young people are consolidated, becoming more aware. The adolescent has a high interest in them, sometimes leaving school interests in a secondary place, these generating conflicts between him and his family or school. The diversity of interests increases with the diversity of the cultural horizon and life experiences (Schwartz, Kelemen, & Moldovan, 2008). His cognitive interests become deeper and are also oriented towards what has to do with his professional future (Crețu, 2009).

Most teenagers choose their educational orientation according to their career dreams and during this period they form a professional ideal according to their own criteria. For this reason, their interests help them to choose a certain profession, and for the choice to be done correctly and realistically, it require a good self-knowledge of their abilities and a realistic self-image (Golu, 2015). In general, young people also have a role model in certain areas that influence and support their decisions and interests in career guidance. (Schwartz, Kelemen, & Moldovan, 2008; Costin, 2014) .

The adolescent becomes eager to know and get involved in different activities, pursuing the satisfaction brought by those activities. However, the family, but also the school to some extent, must be attentive and support the adolescent in cultivating personal interests, without abandoning school interests (Schwartz, Kelemen, & Moldovan, 2008).

Unconditional acceptance of oneself

The notion of "unconditional acceptance of oneself" was introduced by Ellis Albert in 1996 as an alternative to the term "self-esteem" and means that "*the individual fully and unconditionally accepts himself regardless of whether he behaves intelligently, correct or competent or if other people approve, respect or love him*" (Ellis, apud. Chamberlain & Haaga, 2001, p. 164). People who have a higher degree of unconditional acceptance of their own person are less likely to develop various disorders such as depression or anxiety and are more likely to achieve happiness and general well-being (Chamberlain & Haaga, 2001). Another study confirms this idea by identifying correlations between mental health and unconditional self-acceptance or self-esteem. The higher the level of self-acceptance, the healthier we are mentally and vice versa (Thompson & Waltz, 2008).

To measure this concept there is a measurement tool called the "Unconditional Self-Acceptance Questionnaire" (USAQ) and which contains 20 statements to which subjects answer with a number on a scale from 1 ("Almost always false") to 7 ("Almost always true") depending on how often they feel that the statements are true or false to them. Nine of the statements are formulated in such a way that a high score indicates a high level of self-acceptance (e.g."I think I am valuable simply because I am a human being."), And 11 statements are formulated in such a way. so that a low score indicates a high level of self-acceptance (e.g."being praised makes me feel more valuable as a person.") (Martin, 2006).

Chamberlain and Haaga (2001) identified in their study a significant correlation between the "Self-Acceptance Questionnaire" (USAQ) and Rosenberg's "Self-Esteem Scale". Therefore, the unconditional acceptance of one's own person is closely related to the level of self-esteem. In adolescence, young people reflect on their own, forming an image about themselves. The self-image represents the result of the development of the individual with its two basic components: the image of the physical self and the image of the spiritual and psycho-social self. This concept involves three dimensions: the perception of the individual at a given time, the way the individual would like to be and the way the individual thinks he is perceived by others. (Sion, 2007). The self-image that the adolescent forms can be realistic or distorted, and this is influenced by the opinions, comments, and behaviors of those with whom the adolescent comes into contact and who target him directly or indirectly.

Based on realistic or distorted self-image, the adolescent forms their own self-esteem. Self-esteem is a *"personal value, competence, associated by an individual with the image he has of himself"* (Ardeleanu, Dorneanu, & Baltă, 2006, pg. 1177-1178). Another explanation of this concept is given by Ion Dafinoiu, stating that self-esteem is *"an attitude towards self"* embodied in a *"sum of positive or negative reactions, with cognitive, emotional and behavioral components"* (Dafinoiu & Boncu, 2014, p. 62).

Self-esteem includes three dimensions: the *bodily self,* which refers to everything a person has (objects, friends, books, etc.), the *social self,* which refers to the opinion of others about the adolescent, and the *spiritual self,* which refers to skills, abilities, feelings, etc. (Golu, 2015).

Because during adolescence there are various changes on physical, mental, emotional and social level, the young person may experience fluctuations in self-esteem. However, subjects with a very high level of self-esteem may be more prone to violence, may be less open to negative feedback, and are more vulnerable to criticism (Chamberlain & Haaga, 2001), and in some cases, narcissism can develop in its extreme. Also, these people can be perceived as arrogant and confident (Dafinoiu & Boncu, 2014). At the same time, another study showed that a low level of self-acceptance can be associated with all three dimensions of perfectionism (self-oriented, self-oriented and socially prescribed) that people demonstrate in their activities (Flett, Besser, Davis, & Hewitt, 2003), and such people do not take social risks, are

prone to hypersensitivity, frustration, anxiety or jealousy. There are also pathological cases in which the subjects have an unstable self-esteem and reach the extreme where any small approval can cause them euphoria or any small disapproval can cause them despair or the extreme in which no approval or disapproval affects them (Dafinoiu & Boncu, 2014).

A good self-esteem requires a realistic knowledge of ambitions, qualities and talents, but also defects and weaknesses, compared to the professional requirements of the job. (Bălaș-Timar, Dughi & Ignat, 2017). In this way, the adolescent can find an optimal strategy to achieve his professional goals.

In order to gain self-confidence, the adolescent must be helped to realize that his attitude and the strategies he chooses to achieve his goals, will influence in one way or another they obtained results. In other words, depending on the motivation, autonomy and responsibility shown by the young person and depending on how he acts in order to achieve the goals, he will have positive or negative results. Also, when the adolescent obtains negative results, he must be aware that this is a chance to learn what he has done wrong and that it must not affect his self-esteem, because through work and perseverance his results will improve (Duclos, Laporte, & Ross, 2006). Coping strategies used depending on the level of emotional maturation are also relevant in these cases (Breaz &Demeter, 2020).

There is research in the field of psychology, which has shown that there are interesting correlations between self-esteem and academic success (Baumeister, Campbell, Krueger, & Vohs, 2003; Winning, 2009), such as the presence or absence of the father in the family (Ceglowski, 2010; Constance, Cesario, Murdaugh, Gibbons, et al., 2005) or parental models (Chapman, 2012; Ho, 2003).

The locus of control

Julian B. Rotter in 1954 studied various theories of other researchers and developed a new theory under the phrase *"theory of social learning"* in which he had as a starting point the following six concepts:

- *Behavioral potential* that refers to the possibility of manifesting a certain behavior in a certain situation;
- *Expectation* that refers to the subject's belief that a certain result will appear as a result of a certain behavior. It is based on previous experience;
- *The reinforcement or value of the reward* that refers to the opportunity, the usefulness of the results of the behavior. The more attractive the reward, the stronger the reinforcement;
- *The psychological situation* that refers to the subject's perception of that situation. The perception of the situation differs from person to person;
- *Freedom of movement* that refers to the individual's expectations regarding behavioral manifestations and their related results;
- *The minimum objective* that refers to the smallest reward that determines the continuation of the action to achieve the goal (Dafinoiu & Boncu, 2014).

In 1966, Rotter brought together several researches on the source of reinforcements and identified that the place of control is of two types: external locus and internal locus (Schultz & Schultz, 2012). Starting from the dictionary definition, the place of control or the locus of control is defined as an "*attitude towards the presumed origin (external or internal) of pleasant or unpleasant reinforcements*" (Ardeleanu, Dorneanu, & Baltă, 2006, p. 713).

This concept was constituted as a general dimension of the personality, attributed to a belief that comes from the experience gained by the subject throughout the behavior-reinforcement sequences encountered. Internal control refers to the situation in which the subject perceives a causal link between his behavior or peculiarities and the reinforcements received from others. External control aims the situation in which the subject does not perceive this causal link between behavior or particularities and the reinforcements received and considers that everything happens due to chance, luck, etc. (Ardeleanu, Dorneanu, & Baltă, 2006)

In other words, each individual tries to explain the reinforcements received as having different causes. Those with external locus will always find external explanations for what happened, explanations such as the fact that things happen in a certain way because of destiny, because of divinity or that it was so, while those with internal locus will attribute internal explanations of events, explanations related to their own person, their abilities or incapacities.

For example, a person who has the place of external control, if he wins a prize, will attribute that gain to luck or chance, not to him and his possibilities. He will do the same in case of a loss; he will attribute the loss to bad luck. A person, who has the internal place of control, if he has success, will attribute that success to his own person. He will do the same in case of failure; he will attribute that failure to his own person.

In general, people want a place of internal control, because it offers greater "personal control" and "self-determination". (Dafinoiu & Boncu, 2014). However, it is not advisable to be in extremes, to take responsibility for all failures and for all successes if they do not always depend on our abilities, but neither do we have to give up our whole lives at random. It is advisable not to be in one of the two extremes of the place of control, but to be realistic and to position ourselves somewhere in the middle.

Rotter showed in his studies that depending on the place of control, people do or don't change their behavior in certain situations. People with an external control locus make minimal or no effort to change their lives, because they still believe that what happens to them in life is due to other sources, independent of them. Instead, people with an internal control locus believe that life depends only on their abilities and will do everything in their power to change their lives, because they are responsible for it. Also, the latter are healthier at the psycho-somatic level, have lower blood pressure, fewer heart attacks, fewer depressive disorders and cope better with stress. At the same time, they have better social and intellectual skills (Rotter, apud. Schultz & Schultz, 2012).

Because this concept, of the locus of control, was developed within the social learning theory of the above-mentioned researcher, who also suggested that the type of locus of control is learned from parents through their behaviors and social experiences, the subject along with his parents (Schultz & Schultz, 2012).

To measure this concept, Rotter developed a scale for measuring differences between individuals for this dimension of personality. The scale has been used in many studies that have shown that there is a correlation between place of control and performance at work (Dughi & Ignat, 2018; Qadri, Hassan, & Sheikh, 2017; Jui-Chen & Silverthorne, 2008;), attitude compared to health (White, et al., 2011) or academic performance (Malhotra & Shekhar, 2013). However, one study showed that the locus of control does not influence the choice of future training (Algadheeb, 2015). The control place measurement scale has 29 items, of which 6 items are not related to the control place, but are just distracting. Each item of the scale has two answer variants, denoted by "a" and "b", representing the two tendencies, internalism and externalism, except for the variants of the 6 distracting items. The person who completes this scale must choose one of the two variants. answer, the variant that suits him best (Dafinoiu & Boncu, 2014). A high score indicates an external control locus, while a low score indicates an internal control locus.

A study of 17-18 year olds from a private school identified strong meanings between the type of place of control and the level of self-esteem. Thus, it has been shown that subjects with an external control locus are likely to have a lower level of self-esteem. In other words, a person who attributes the consequences of his actions, whether positive or negative, to sources other than his own behavior, may well have a worse opinion of himself (Smith, Sapp, Farrell, & Johnson, 1998).

Another study, this time a longitudinal study, conducted over the four years of high school, looked at the differences between girls and boys, in terms of place of control and self-esteem, during this period. It was observed that boys' self-esteem was constantly higher than girls' self-esteem during the four years of high school. At the same time, the place of control has become less external over the years for both boys and girls, with a slight increase in externality in boys. In other words, the externality of girls decreased to a greater extent than that of boys, because the externality of boys also had small increases during this period, not just decreases (Chubb, Fertman, & Ross, 1997). Therefore, this study reinforces the idea that during adolescence there is a development on all levels, even in terms of self-esteem and the locus of control.

Instead of conclusions

Due to the fact that young people do not know their own person very well, not everyone knows their professional interests. The diversity of fields of activity and the fact that until the 8th grade they are not very well informed about the different professions they can choose, can guide them to professions that do not match their personality. The first decision that teenagers face and the moment when they realize that they have to make a responsible and appropriate decision for them, is when they choose a high school or a vocational school. Over time, they gain new knowledge about the world and about themselves and become confident in their choices or may realize that their professional interests have changed for a variety of reasons. The consequence of this will be that the decision to choose a college or a job will be more appropriate to the personality of the young person.

The role of educational counseling in this case is to guide the student and the teacher in discovering those predispositions and in designing and implementing teaching activities adapted to the specific aptitudes of adolescents who prove certain professional inclinations. This creates the premises for learning to stimulate the potential of the adolescent and to support the best possible school or professional decision for the adolescent.

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CHAPTER VI
The integration of children with special educational needs – from social, legislative and educational perspective

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1. Romanian context, regarding the rights of children and of adults with disabilities

Before 1989, in Romania the situation of children and adults with disabilities was regulated by Law no. 3 of March 26, 1970. This law concerned the regime of protection of certain categories of minors (Legea nr.3 din 26 martie 1970, abrogată prin OUG nr.26/1997) which introduced the institutionalization process. The purpose of this process was the upbringing, education and school and professional training of disabled minors.

After 1989, the process of change began to improve the lives of children with disabilities. Non-governmental organizations supported by international bodies played an important role in supporting this endeavor.

The foundations of the system for the protection of people with disabilities were laid in 1991, through the establishment of the State Secretariat for Persons with Disabilities (SSPH) (GD no. 1,100/1990, GD no. 1,161/1990 and GD no. 939/2007), which it functioned until 2003, when it was reorganized under the name of the National Authority for Persons with Disabilities (ANPH).

In 1992, Law no. 53/1992 on the special protection of people with disabilities, this being the beginning of the introduction on the political agenda of the disability issue.

Emergency Ordinance no. 26/1997 on the protection of children in difficulty created the framework for the process of significant reform and construction of a system for child protection, based on the principle of decentralization of decision-making power and responsibilities, by establishing the Department for Child Protection within the Government and coordinating policy development in the field. Starting with 1998, the County Specialized Public Services for Child Protection (OUG no. 26/1997) began to take over the institutions that housed children, subordinated to other central institutions.

In 1998, the Department of Child Protection launched the Government Strategy on the protection of children in difficulty, which directed the reform towards deinstitutionalization and the creation of alternative services, including: maternal care, family homes, day care centers, counseling centers, specialized for children with disabilities and others. In 1999 this department was reorganized into the National Agency for the Protection of the Rights of the Child (ANPDC) and started the process of closing large, old-type institutions.

Following law 448/2002, republished and updated in 2006, on the protection and promotion of the rights of persons with disabilities, as well as law 292/2011, the principles and values on which the national social assistance system were based on: solidarity, universality, respect for human dignity, subsidiarity, individual approach, partnership, transparency, non-

discrimination, effectiveness, equal opportunities and others. Also as a result of this legislation, the first changes were configured for children with disabilities, consisting in: substantial change in living conditions, initiation of training of specialized personnel in the field by resuming university training in special psychopedagogy, psychology, pedagogy, sociology and also social work.

2. Certification and orientation towards psychoeducational assistance services - terminological delimitations and legislation

In the following, we will present the legislative framework and the specialized terminology specific to the certification and orientation of children and young people with special educational needs. In our country, according to the legislation in force, children, young people and their families benefit from psycho-emotional and social support upon request. In order to be as clear as possible, I consider that a brief familiarization with the specialized terminology and the legislative framework is required.

Terminological delimitations

a) *Special educational requirements* (SEN) - additional educational needs, complementary to the general objectives of education, adapted to individual particularities and those characteristic of a certain deficiency/disability or learning disorders/difficulties or other nature, as well as a complex assistance (medical, social, educational, etc.);

b) *Certificate of educational and professional orientation* - the official document/act issued by CJRAE/CMBRAE, according to the provisions contained in the National Education Law no. 1/2011, which specifies the diagnosis/deficiency and guides children, pupils and young people with SEN in mainstream or special education;

c) *Integration (educational)* - the process of adapting the person with SEN to the norms and requirements of the school he/she attends, of establishing positive emotional relations with the members of the school group (group/class) and of successfully carrying out the school activities;

d) *Inclusion (educational)* - the permanent process of improving the services offered by the educational units in order to include in the education process all the members of the community, regardless of their characteristics, disadvantages or difficulties;

e) *Inclusive school* - the educational unit that provides an education for all children and is the most effective means of combating attitudes of discrimination and segregation. The children/students in these educational units benefit from all the educational, psychotherapeutic, medical and social rights and services, according to the principles of social inclusion, equity and of ensuring equal opportunities;

f) *Curricular adaptation* - the correlation of the contents of the components of the national curriculum with the possibilities of the student with SEN, from the perspective of the finalities of the process of adaptation and of his school and social integration;

g) *Itinerant and support teacher* - the teacher with higher education in the psycho-pedagogical field who carries out learning, stimulation, compensation and recovery activities with people with SEN integrated in mass education units, in collaboration with all factors involved;

h) *Individualized service plan* - the way of coherent programming and coordination of individualized resources and services for children/students/young people with SEN integrated in mass education units, focused on their development needs;

i) *Personalized intervention program* - the tool for designing and implementing educational-therapeutic activities used to streamline intervention activities and achieve the goals provided in the individualized service plan;

According to the national law no. 1/2011, the school and professional orientation of children and young people with SEN falls to the county centers of resources and educational assistance (CJRAE). Therefore, the CJRAE provides assistance and guidance in working with students with SEN. Psycho-educational assistance and counseling services are offered to students, teachers and their parents in the activities they carry out (Order no. 5,574 of October 7, 2011 (* updated). Counseling activities are primarily to meet students with disabilities. counseling and other categories of people who interact with these students, such as: classmates to prevent psycho-emotional problems and teachers who are directly involved in working with them. They do not have students with SEN in the classroom, but they want to know aspects specific to the way of interaction and relationship with them.

In order to support the parents of pupils with special educational needs, the legislation also provides counseling for this segment. The direction in which the counseling is directed is that of achieving the concordance between the educational actions in the family with those carried out in the institutionalized-school framework, but also in order to understand the deficiencies that their children face. (Bălăuță et all, 2019)

Important to mention and highlight is the aspect of spending quality time at school, time that offers invaluable learning opportunities. These missed or untapped opportunities at the right time can have a major impact on the chances that the child will have in life. That is why it is very important that those who need extra support benefit from it at the right time.

We encounter situations in which a child's learning difficulties are not recognized as special educational requirements and do not receive the necessary support. Another example of error is the certification of special educational requirements in non-specific cases (a child is experiencing social, emotional or needing additional help to "recover"), as it is the only mechanism available through which support can be obtained. desired. Also in the same order of ideas in which children face short-term difficulties and end up having long-term problems. The time allotted for a formal evaluation on the ETUC may lead to the failure to provide support at the right time, so that by the time support is available, the difficulty is already exacerbated.

The concept of special educational requirements, included in UNESCO terminology in the 1990s as a consequence of the special focus of special education on the child and the community, designates those specific requirements or needs for education, whether or not derived from a deficiency, which are additional but and complementary to the general objectives of education for a child. (Vrășmaș, 2004). Without a proper approach to these special requirements, there can be no real talk of equal opportunities, participation and school and social integration. (Vrășmaș, 2004).

At the psycho-pedagogical level, the special educational requirements clearly emphasize the need to individualize the evaluation and the educational approach. The issue of assessment in a dominant educational perspective in terms of learning potential and curriculum is sharpened - and especially the importance of action, specific educational intervention differentiated and adapted to individual particularities. Such a way of understanding is closer to the ideal of the school of the future, which must itself adapt to the variety of educational demands expressed by the child.Principii moderne care stau la baza educației cerințelor speciale:

- the principle of equal opportunities or access to the various systems of society;
- the principle of equal rights of persons with disabilities in terms of care, education and training, health and recovery, social, cultural, spiritual development as well as that of improvement in order to obtain employment;
- the principle of early intervention;
- the principle of providing support services (human, institutional, material, financial, governmental resources);
- the principle of cooperation and partnership (parents, teachers, students, counselors).

3. Integrated education, inclusion policies, concepts, culture and school practice

With regard to education and training, a major importance is the introduction of the notions of integrated education and inclusive schooling, which subsume the principles stated above and relate them directly to the needs of people with special needs both theoretically and practically. If in Romania, the beginning of inclusive education is still hesitant and uncertain, the experience of European countries and their concrete results in this field confirm that these notions are not only theoretically valid, but are equally applicable in everyday practice, in a beneficial and productive way, not only micro-socialy but also macro-socialy. (Toderici, 2018)

Integrated education essentially refers to the integration into the structures of mainstream education of children with special educational needs (children with sensory, physical, intellectual or language deficiencies, socio-economic and cultural disadvantages, children in care and protection centers, children with mild psycho-affective and behavioral disorders, children infected with HIV, etc.) to provide a climate conducive to the harmonious and balanced development of their personality. (Ungureanu, D., 2000)

Integrated education is a way of educating children with SEN in regular school facilities or at least as close as possible to them. One can discuss in this respect a general, mass education and a special education. Regular education follows the standard curricula and curricula, while special education is a much broader concept and refers to the adaptation of the educational process and recovery intervention, to the needs of people who fail to achieve educational and social levels in mainstream education, corresponding to age.

Integration and standardization must be done at a practical level so that the whole process has satisfactory results on the development of people with SEN. (Ungureanu, D., 2000). The general principles that condition and delimit at the conceptual level and the practical applicability of integrated education are: the principle of social justice, the principle of equal opportunities and opportunities, the principle of real opportunities and decisions (right of opinion and action), the principle of noncategorization (avoidance of classifications), the principle of non-segregation, the principle of normalization, the principle of deinstitutionalization, the principle of integration and inclusion (Ungureanu, D., 2000).

The arguments for an integrated education are:

a) the indisputable existence of children with special educational needs, either integrated in the special school and subject to segregation, or included in mainstream education, but not recognized as students with special educational needs and implicitly not treated through a personalized intervention, according to their own level of psycho-intellectual development.

b) poor information of teachers on the issue of integration, more precisely legislation that it requires, work strategies to be addressed by the teacher, who is responsible for educating the student who is integrated into a class of boarding school.

c) the existence of a firm legislation, both at international and national level regarding the integration of children with special educational needs, which expresses the need for the integration of this category of students in the boarding school as quickly and efficiently as possible.

The wide range of categories of children with special educational needs that can be integrated into mainstream education includes: children with physical or sensory disabilities, mental disabilities, language disorders, socio-affective and behavioral disorders, associated disabilities, learning difficulties, other categories (children with autism, HIV/AIDS, orphans, institutionalized, etc.).

The conditions that contribute to the success of school integration are:

- training the young person with special educational needs for school integration;
- evaluation of the child before integration;
- awareness of the child's parents included in the integration project;
- the place of the school integration project within the pedagogical project of the school;
- the position of the school principal towards school integration;
- making available to the teacher, by the principal, the information regarding the school integration of the child with special educational needs;
- the position of the teacher in relation to school integration;
- the desire of the teacher to change the pedagogical practices, so that they become adapted to the possibilities of the integrated child;
- the possibility for the teacher to find out about the student's deficiency or about the teaching methods adapted to the integrated child;
- the presence and collaboration of specialists who support the integration of children, including in the direction of developing their socialization skills - social workers, psychoeducators, psychologists (Breaz, 2020);
- involvement of the child's parents in the integration project;
- information given to the other children in the class about the disability of the integrated child;
- information and/or explanations given to the parents of the other children of the class about the school integration of the child with special educational needs.

The strategies of integrated education are micro-group, active-participatory, cooperative, collaborative, partnership, involved, organizational and socializing strategies. Thanks to these strategies, all students learn to listen actively, to be tolerant, to make decisions and to assume responsibilities within the group. The educational experience gained in pilot schools has shown that the use of cooperative strategies leads to a number of positive results such as:

- increasing students' motivation for learning activity;

- influencing students' self-esteem, which over time can be oscillating, ends up being positive;
- development of students' social skills;
- the positive change of the relations between her;
- forming a positive attitude towards the teaching staff, the study disciplines and their content;
- increased abilities to perceive a situation, an event and from the perspective of the other.

An important role in ensuring the conditions for educational integration is played by remedial learning activities. These services meet the educational needs of families with children with special educational needs who want to continue high school. When the community of parents is heterogeneous, they come from very different socio-economic backgrounds, it becomes very important the cooperation of the school with the institutions in the community. This develops partnerships with county administrative institutions or with other school institutions or NGOs in the field of special education or social protection. (Dughi & Dughi, 2017)

In conclusion, by imposing a new type of education, flexible, adaptable to the special needs and ESC of all learners in general, and those of the disabled in particular, integrated education is detached from the norms of traditional education.

4. The concept of integrated education from the perspective of the traditional school and the inclusive school

If we look at it from the perspective of teachers, a successful inclusion needs: decision, ie the real desire to implement, the desire to learn, the teacher's self-confidence and effort, good relationships and communication with a focus on the child and family, resources, support and involvement from school management, teamwork and last but not least the belief that every child matters. Also viewed from the perspective of teachers, the status of the teacher in the traditional school is a privileged one compared to the status of the student, the latter being seen as a passive object of the educational process. The values promoted by the traditional school were discipline and obedience toward the teacher.

Inclusion is associated with an education system that has a high degree of understanding of people with SEN, which promotes and supports both social, cultural, ethnic diversity and equal rights for all individuals regardless of their characteristics and particularities. (Gherguț, 2006)

If we refer to the social integration of the adult, the essential role of the school integration of the child with special needs must be emphasized, this having a predictive role for the former. School integration refers first of all to the existence of an optimal ratio between the child's learning effort and the learning outcomes that lead to his/her achievement at the maximum personal level of competence during the respective development period. (Dughi, T., Roman, A., 2008)

To this are added: the positive attitude, acceptance and cooperation of the student towards the school institution and its representatives; the emotional reflection of the instructive-educational activities that the child benefits from; the child's motivation for the learning effort to guide the child in the sense of building knowledge and skills systems; involvement of the student in the learning activity in the school as a co-participant in the construction of learning situations and their results; the existence of a correspondence between the school requirements and the child's abilities and availability to solve them. The approach of children with

special educational needs starts from the fact that: each child is unique; any child can learn; values the uniqueness of the type of learning determined by the individual particularities; cultivates children's diversity as a means of learning, which supports and strengthens learning if used appropriately (through the curriculum). (Dughi, Dughi & Dobrican, 2018)

Inclusion refers to the school education of all children and young people based on the concept of "school for all". Inclusive education along with increasing school performance also pursues other objectives such as educating students on collaborative relationships, empathy, understanding and improving the learning and teaching environment.

In the following we will highlight the elements that define the traditional school and those that define the inclusive school. So, we can specify that in the traditional school:

- the dominant activities are in the whole class,
- time is inflexible,
- the interests of the students are rarely appealed,
- differences between students are masked and acted upon only when they become problematic,
- the teacher directs the students' behavior,
- the teacher solves the class problems,
- the teacher plans the sequences, the objectives of the training and provides standards for the evaluation of the activity,
- what needs to be learned is respected,
- unique interpretations of ideas and events are allowed.

Within the inclusive school the form of organizing the activities is different (in groups, in teams, frontally, individually).

- time is flexible, depending on the needs of students,
- students are guided by the knowledge of their own interests,
- the differences between the students are studied and accepted as a starting point in the instructive-educational approach,
- the teacher facilitates the independent activity of the students,
- students help each other, assisted by teachers in solving problems,
- the students, together with the teacher, act in order to establish the objectives, the evaluation criteria,
- respect for learners, looking for multiple perspectives on events and ideas (critical thinking).

The process of transforming the traditional school into an inclusive one requires time, involvement and new techniques of approach from each teacher.

Instead of conclusions, some landmarks for interaction with students with SEN

- Describe the processes and do not judge the products or people
- Listen to students and encourage them to express their ideas and feelings
- Monitor and be aware of the impact that some words/expressions can have on students
- Resist the temptation to offer quick/easy solutions or immediate coordination to solve problems that the student can solve alone
- Avoid diagnosis and prognosis that induce student labeling
- Avoid moralizing statements
- Avoid questions and comments that can provoke resentment and activate resistance
- Avoid using sarcasm because this can negatively affect the student's self-esteem.

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CHAPTER VII
From vulnerability to disability – review of specialized terminology in social work

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Abstract. Conceptual theories of applying specialized terminology to the field of social assistance practice are complex. There is a correlation between the economic field of community development and the conceptual theories regarding the definition of health, disease, disability, vulnerability and handicap. *The bio-medical theory, Social Theory, Ecological Theory and Anthropological Theory* define the human health and handicap from different perspectives. According to health sociology, specialized terminology should be approached in the field of current practice in social work, under the bio-psycho-medical aspects of the unitary approach of the human individual.

The conceptual implications of these theories and definitions open the field for a terminological dictionary of social work theory, legislation and practice, of a vital importance to the social worker.

Keywords: social work terminology, definitions, theories, disability, vulnerability and handicap.

Conceptual theories

Conceptual theories of applying specialized terminology to the field of social assistance practice are complex. There is a correlation between the economic field of community development and the conceptual theories regarding the definition of health, disease, disability, vulnerability and handicap, after a World Bank study conducted in 1994 (World Bank, 1994).

The Biomedical Theory is based on two levels (WHO, 1948):

- biology, defined as the science that studies living organisms, by researching the influences of the external physical environment on cellular reactions, translated in changes in physiological functions;
- human medicine, which is the science that studies the health of human organisms in all its bio-psycho-social aspects, according to World Health Organization (WHO) concept, (Callahan, 1973). Medicine operates in the field of human health through prophylaxis (health preservation) and treatment (restoration of health). Thus, medicine has 3 important roles in the functionality of the human being (Stokes, Noren & Shindell, 1982):

  1. prophylactic;
  2. curative;
  3. recovery.

The *Biomedical Theory* brings interdisciplinary correlations between biology, medicine and ecology (Kirkengen, Ekeland, Getz, et al., 2016).

This theory defines handicap from a medical point of view, as an anatomical or functional deficiency, which requires a specialized therapeutic intervention. The concept operates in

Austria, Germany and Belgium, through techniques of curative pedagogy in medical handicap. A child with handicap can go, through recovery, from a special school, to mainstream school.

The *Biomedical Theory* was based on the *Eugenic Theory of Human Development* from the 19th century. It allowed the conception and development of only those human organisms that had no genetic abnormalities (Kumar & Smith, 2003). The aim of a healthy population is to create healthy societies. The *Eugenic Theory* took effect until the last century, in Nordic countries. In Sweden and Norway, until the 20th century, people with mental deficiency were prohibited from reproducing, through compulsory sterilization by law (Davis-Floyd, 2021).

The current century brings this theory back to the attention of science, with the identification of the human genome and genetic engineering, elements that require a rigorous Code of Professional Deontology and Ethics in the medical field of human reproduction and gene therapies (Davis-Floyd, 2021).

The definition of handicap through the prism of the *Social Theory* states that long exposure to harmful social factors leads to social handicap. For the child, the application of this theory translates, in practice, into special schooling with psychotherapeutic and social recovery purposes (Peters, 2003).

The *Ecological Theory* (Bronfenbrenner, 1979) defines human handicap as an inadequacy to the environment. The elimination of handicap is achieved by modifying environmental factors. This theory is also the basis of the adaptation of the working environment to the worker with health problems or intellectual handicap (French school). This concept, present in the United States, the United Kingdom, the Nordic countries and Spain, introduces into pedagogy the concept of inclusive education or school for all, in which action is taken on the environment and learning methods, by adapting them to the needs of each child.

In Italy, handicap is approached through the *Anthropological Theory.* In this context, the recovery of the child with health problems is achieved through optimal social interaction. This theory explains handicap through a dual medical and social etiology (Candea, 2018).

Definition of terms in health sociology

Specialized terminology should be approached in the field of current practice in social assistance, under the bio-psycho-medical aspects of the unitary approach of the human individual (Engel, 1977). Only through diagnosis and integrative therapy can we restore a functional individual to the society to which he belongs.

In what follows, we will define the main technical terms used in the sociology of health and disease. They are necessary for social workers in defining their professional competences, through the medical, pedagogical and social prism of models of social and professional inclusion for people with deficiencies.

The medical model of handicap brings the following definitions to the attention of the social work specialist (Lehman, David & Gruber, 2017):

Health (WHO) = "the state of complete physical, mental and social well-being and not only the absence of disease or infirmity" according to WHO definition of health (Callahan, 1973; WHO, 1948).

Disease (DEX, 2021) = disorder of the health of an organism, as a result of the action of agents from the internal or external environment; it manifests through a complex of symptoms and has a characteristic evolution.

Symptom (Greek "symptoma") = manifestation of the disease in the sphere of perception of the patient (subjective); if demonstrated by medical observation or objectified by clinical investigations, it becomes a *sign* (Latin "signum"), from *Dictionary of Student Science* (2014) and Collins English Dictionary – Complete and Unabridged, 12th ed. (2014).

Diagnosis = establishing the identity of a disease (Miller-Keane Encyclopedia, 2003).

Deficiency (WHO) = abnormality or loss of an anatomical structure or function (Callahan, 1973).

Inability (WHO) = restriction or absence of the ability to carry out an activity, within the framework of human normality, secondary to a deficiency (Callahan, 1973).

Handicap (WHO) = limitation or prevention of the fulfilment of human normality in a field, a disadvantage secondary to a deficiency or incapacity (Callahan, 1973).

"Persons with handicap […] are those persons whose social environment, unadjusted to their physical, sensory or intellectual deficiencies, totally impedes or limits their access with equal opportunities to social life, according to their age, gender, material, social and cultural factors, requiring their own social protection measures in support of their social and professional integration." (Law No 519/2002)."

"Handicap is a function of the relation between persons with deficiencies and the environment. It arises when they encounter cultural, physical or social barriers that prevent them from accessing different systems of the society, which are available to other citizens. Therefore, handicap is the loss or limitation of opportunities to take part in community life on a level equal to that of others." (03.12.1982, from the National Action Program for Persons with Disabilities – UN).

Special need = complementary need: mental, sensory, somatic, behavioral (substance dependence), language, economic (poverty), social (abuse) needs, which cause difficulties in social integration (Ionescu, 2011).

The social pedagogy model addresses handicap according to the following definitions after Gherguţ (Gherguț, 2006).

Deficiency = loss or alteration of a structure or function (anatomical injury, psychological disorder resulting from a disease, accident in normal evolution, but also psycho-affective deficiencies (loss of parents or pedagogical neglect). Examples of impairments: auditory, visual, language, intellectual, etc.

Incapacity = partial or total reduction of the possibility of performing an activity (motor or cognitive) or behavior. For example, the incapacity to communicate, to maintain personal hygiene, locomotion, etc. Both deficiency and incapacity can be visible or invisible, temporary or permanent, progressive or regressive.

Handicap = social disadvantage, resulting from a deficiency or incapacity that limits or hinders the performance of an expected environmental role by the individual. Possible categories: handicap of physical independence, orientation, economic autonomy, social integration, etc.

Disability = the result or effect of complex relationships between the health of the individual, personal factors and external factors that represent the life circumstances of this individual. Because of this relationship, the impact of different environments on the same individual, with a given state of health, can be extremely different. "Disability is the generic

term for impairments, activity limitations and participation restrictions" World Health Organization definition of disability on *International Classification of Disability and Health Functionality* (WHO, 2003).

Inclusion = the process of preparing educational establishments to include in the education process all members of the community, regardless of their characteristics, disadvantages or difficulties.

Institutionalization = integrating people with various types of deficiencies in specialized institutions, where they benefit from care, food, rest, specialized education, and even jobs, under the supervision of a qualified staff.

Special needs = refer to all categories of needs of persons with disabilities. Satisfying these needs ensures a decent living standard, supports the process of recovery/rehabilitation of persons with special needs and leads to their social integration. This is achieved through additional strengthened, differentiated and appropriate support, provided by society.

Integration = the process of granting a person with disabilities the right to be involved in all social and educational activities, together with other members of society (Hepworth, 2010).

The social model is at the basis of the definition of handicap within the Romanian legislation. It identifies a series of technical terms, which target vulnerable groups, in relation to social inclusion/exclusion. In Romanian legislation and social work practice terminology, we encounter the terms: disadvantaged persons, marginal persons, socially excluded persons or persons at risk of social exclusion, vulnerable person/vulnerable persons/vulnerable groups/highly vulnerable groups, marginal groups, marginal communities (Broom, 2014).

Social work operates with the following definitions (Breaz, 2020; Breaz 2020):

- persons or families who are at risk of losing their capacity to meet their daily living needs (Social Assistance Act No 292/2011) are those categories of persons who are either in a position of inequality with the majority of citizens because of their identity differences, or are experiencing rejection and marginalization (OUG No 137/2000, Art. 4);
- persons with a peripheral social position are those persons who have limited access to the economic, political, educational and communication resources of the community, manifested by the absence of a minimum of social living conditions (Law No 116/2002 p. 162, art. 3).

The conceptual implications of these theories and definitions open the field for a terminological dictionary of social work theory, legislation and practice, of a vital importance to the social worker.

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CHAPTER VIII
The elderly. Theoretical and practical approach, as on a person that needs special attention

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Abstract: The elder patient always imposes a certain specific situation putting the doctor in a different situation like when examining a young or adult patient and that is by differencing the normal from the pathological. This particularity diverts from the fact that the normal of an adult is different from what we consider normal at an elder person, because the ageing process (the natural process, physiologic one) attracts changes of the morphological and functional parameters of the organism, changes that are considerate physiological for a certain age. In other words, it is important to establish whether we find ourselves in front of an elder with changes of "ageing of the physiological scenery" or in front of an "elderly ill person".

Keywords: the elderly, person, attention, care, development

Introduction

Old age refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle. Old age is not a definite biological stage, as the chronological age denoted as "old age" varies culturally and historically.

Most created Western nations set the age of 60 to 65 for retirement. Being 60–65 years of age is typically a prerequisite for getting qualified for senior social programs. (Toderici, 2018) However, different nations and social orders consider the beginning of mature age as anyplace from the mid-40s to the 70s. The meanings of mature age keep on changing, particularly as future in created nations has ascended to past 80 years old. In October 2016, a paper distributed in the science diary Nature introduced the end that the greatest human life expectancy is a normal age of 115, with a flat-out maximum restriction of 125 years. However, the creators' techniques and ends drew analysis from established researchers, who reasoned that the examination was imperfect. With all this, the differencing is often difficult whereas the two processes can coexist tightly bounded, being hard to separate, which influences negatively the proper evaluation of the elder and the development of the therapeutic measures. (Gavrilă et all, 2019)

Beginning from this problem, by and by can be met two viewpoints:

- Either are kind neurotic a few parts of typical maturing, circumstance that specialist Constantin Bogdan considers with assurance to be the most continuous one;
- Either some neurotic viewpoints are being viewed as ordinary, having a place with the physiological maturing Roland Cape (Neamţu, (2003), appreciates that this subsequent circumstance is habitually found additionally due to the senior's escort (family members, companions) that are attempting to persuade him that he needs to comfort himself with the possibility that full wellbeing is previously and that he needs to restrict himself at

being sick and frail, hoping to feel much more terrible before the end. However long the senior and surprisingly the specialist acknowledges the proceed with torments, the tipsiness, the shortcoming, the weakness and different indications as a coordinating piece of the high-level age, numerous illnesses will stay undiscovered and untreated.

That is the reason, the older patients should be urged to relate the new and disturbing side effects directly at it shows up. The old will see the value in the interest that his PCP or his guardian has, they can confide in one another and will remain quiet when the circumstances when the denounces in regards to their physiological involution ought not caution them (it is conceivable that even at an exceptionally progressed age a man will barely acknowledge the abatement of his actual strength or vision, which are typical wonders).

Continuing in a couple of words the clinical idea of the senior patient, it very well may be said that he is an individual of whose gigantic utilitarian stores during his turn of events and development are in extraordinary measure lost. Disregarding the decreased stores, the vast majority of the frameworks keep on working pretty precise albeit in an extensively eased back musicality. Infrequently it needs to disallow the senior from doing a few exercises. The condition is that the exercises that he creates ought to not require strength or surprising dexterity. The solitary fundamental cutoff at this insistence is that the senior ought to be cautioned that numerous exercises demand from this point forward more opportunity to execute and he ought to be urged to acknowledge this thing and do whatever it takes not to rush. (Verza, 1993)

Although the morbidity and mortality are constantly increasing with age, a lot of elder persons can enjoy a full and active life. The proportion of these decreases slowly from 95% at the age of 65 until at 85% at the age of 80 and to 70% or less at the age of 90. This means that the older age should not inspire fear in most of the cases, it is a period that permits the individual to fully enjoy every moment, a period when unfulfilled ambitions can be reached.

Few studies have examined the health of some random elderly lots living in their own houses. This kind of study was realized in three districts at SV Ontario and provides estimations of the elderly proportions of different ages that have lost a part or all their independence.

Based on a simple activity analyze (walk, climbing stairs, washing, dressing), this study has found that most of the elderly are keeping their life style completely independent until the end. Between the age of 65 and 70 the incidence of significant disabilities slowly increases from 5 to 10%. Only after the age of 80 this enhancement of losing independency reaches 20-30% at the risk population.

The importance of this simple study is that it draws attention about the false nature of the idea that older age is mandatory the time of debility and losing health. Most of the elder, but not all of them, rely very much on health, more than on any other aspect of life and that is why is important that this message should be sent all over and of course, accepted. It will encourage the elderly to have hopes for his health, understanding that it can be accepted that the disabilities could not necessarily occur.

The elderly usually imagines a picture of chronic and continuous disease with the reduction of its capacities and with disabilities. However, there must be emphasized that the chronic disease and the age don't always go hand in hand. Shapiro (Duda, 1983) finds that more than half the patients with internment longer than 6 months are persons under the age of 65, fact confirmed by the studies made in the hospitals of London and Ontario. Therefore, it is important to make the difference between the patients suffering of a chronic disease and elderly persons. This might have many health problems, typical to the elderly being the pathology but in relatively few cases it conducts to the continuation of complex disabilities to have as a result the loss of independence. In the other cases, the hope to obtain a satisfying recovery to independence is good.

The senior patients show up from numerous ongoing conditions of sickness (noteworthy being the atherosclerotic infection, the vascular, bronchopneumonia persistent obstructive, the late diabetes, constant joint pain). The first and the most widely recognized of these – atherosclerosis-shows up as a rule as a progression of intense scenes of cardiovascular failure, gangrene as a result of the fringe vascular sickness.

Chronicity doesn't imply that the therapy can't be applied to decrease the issues and to keep up the independency. Ronald Cape likes that at an older the impact of an ongoing sickness falls, in huge lines, in one of the three prospects:

- First is that of the demonstrated fatal sickness and the patient bites the dust in two-three weeks
- Second is that of the infection that reacts to treatment and it appropriately rehabilitates and the patient is recuperating its full autonomy
- Third chance is that the infection has accordingly a critical lost of useful capacity so the individual gets reliant of the encompassing people support.

The American geriatrician (Neamţu, 2003), thinks about that the old fear the third chance, so the administration of the old infections ought to stay away from the present circumstance if conceivable. This goal can be acknowledged having the old patient in a consistent recovery program at home or if vital in a day place with arrangement of local area administrations, to empower and look after independency, be it just incompletely. Another issue identified with the older pathology, that we consider merits referencing, is that of a careful condition with a danger of kicking the bucket, for instance the revelation of an asymptomatic stomach aortic aneurysm at a 80 years of age individual, circumstance potentially deadly on the grounds that the burst of the aneurysm will be most sure the reason for death. A medical procedure would eliminate the aneurysm and his deadly danger in any case, on the opposite side, this sort of mediation performed at a sound octogenarian is burdened by a lovely high mortality (roughly 19%) and can decide, through the operatory stress and by conceivable unfriendly impacts of the medications, the crumbling of intellectual ability and of the independency of the person. The experience shows that the majority of the older, on the off chance that they are being given the likelihood to pick, incline toward a more limited and free life rather than an extensive stretch of deficiency, when they are needy of the consideration of others.

Getting back to the significance of recovery, we underline that for the older basic piece of a sickness is the last stage, "in particular the restoration of mental capacity and physical to the pre-infection stage. There is a contrast between the manners by which creatures respond to sickness and reestablish at various ages. Subsequently, grown-up individual influenced by serious intense sickness it regularly reestablishes astoundingly rapidly, its restoration being driven by the need to get back to family and work duties. Interestingly, the viewpoint of things to come for the old is certifiably not a motivator for its recovery and not being spurred, he won't accomplish the fundamental work of the restoration cycle, which unavoidably requires diligence from the patient side." (Costin, 2006) Thusly, the senior requirements close management and progressing backing to accomplish this goal. He should be persuaded (and it isn't in every case simple) that the best way to cure the psychological strength and capacity is to assume liability, to get up of bed and use muscles, clearly inside adequate cutoff points, slowly throughout some stretch of time. The viability of recovery programs has been more than once checked for both the UK and North America. This part of care ought to never be out of view paying little heed to sickness.

Another part of the older pathology, whom we accept that has the right to be referenced here, is the unique job it might have the preventive geriatric medication. Also, in this sense

can be given numerous models. In this manner, osteoporosis, considered to some degree widespread at older ladies as a result of hormonal hardship at menopause, have a high danger of crack at the age of 75-80.

In the world, yearly, there are countless genuine bone cracks ascribed to osteoporosis. The eating routine investigation of moderately aged ladies shows that, for a considerable lot of them, the eating regimen doesn't contain sufficient calcium, albeit negative calcium equilibrium might be just an auxiliary factor of this multi factorial infection, it assumes a significant part and is unquestionably a remediable factor. It can act preventively likewise on other etiologic elements, of osteoporosis, by hormonal amendment and active work, especially significant being the conservation of an even unobtrusive actual work. Epidemiological discoveries build up the job of the doctor in essential counteraction of cardiovascular infections, which are the primary driver of mortality among the old. Hazard factors distinguished in the Framingham study that are modifiable or preventable, are: hypertension, raised serum cholesterol, smoking, glucose bigotry, left ventricular hypertrophy. Exorbitant weight, cholesterol, soaked fat eating regimens and unreasonable liquor utilization (rather than the grant utilization of a glass of wine each day) are the conditions or propensities where doctor can stand firm. There are numerous different chances to rehearse preventive medication, for instance the old inoculation through immunization ought to be acknowledged as a normal strategy. Essentially, organization of antithrombotic drugs, post a medical procedure and in any remaining conditions of immobilization where the danger of aspiratory embolism is dreaded.

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CHAPTER IX
The emotions in the assistant professions

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Emotions help us with the internal adjustments and in the assistant profession. this is necessary or even mandatory. Throughout the activity, people who work in this domain live both the positive and negative feelings, and this can affect their work and health. The internal, emotional adjustments' sum will balance their life and work and will make their adaptive choices. This will lead to understanding the real possibilities of acting, to obtaining the performance-related results, to adapting to the real possibilities of acquiring the results.

Emotions in the assistant professions represent one of the things that keep us moving forward, being able to be authentic, to offer our support to the ones that we assist. Also, emotions facilitate the contact with others and through them we do our own internal adjustments in order to go forward healthy. The efficient involvement depends on a well organised plan, created to benefit our clients, done with their needs in mind and realised in consensus with their possibilities. This involvement also leads to being confronted with their limited possibilities, thus the readaptation is continous as a process, as an endeavour, as a strategy, and the ones that offers support constantly readjust themselves. Throughout this endeavour, an efficient motivation and often re-motivation is needed so they can also motivate others, and also the assisted. Some of the necessary dimensions to work in this domain are:

- Solid knowledge about the undergone work and ability to showcase a positive and coherent point of view about it.
- A wide perspective regarding the possibilities to get involved personally and collaboratively (which are the other services involved in the process), but also related to what this process can achieve.
- A good understanding of the human psychology, of people's possibilities to recognise and change themselves, relating to everyone's motivations.
- A good understanding of the expanding phenomenon of the assistance domain and a solid understanding of the community's diversification of resources (involvement of the young, adults, elderly, various minorities, people with disabilities in this whole process)
- Interpersonal abilities.
- Enthusiasm and energy.
- The ability to speak freely and to have presentations in public in a loose manner.
- The be familiarised with the community's resources.
- Good skills in analysing tasks.

- Good skills in handling and working with details (like adjusting the working timetables, the strategies, the expectations, etc).
- Being open to receiving and adapting new ideas to the special needs of the assisted, taken from other contexts.

The common function of the positive emotions is to facilitate the behaviours that make us grow closer to each other and to continue doing the personal activities. In other words, the positive emotions have a role in both our personal life and living with the others. They facilitate human activity, their relationship, creating bonds and new bonds between humans, common projects, but also realising personal project, efficiently motivating each other, and facilitating performant activities. Fredrikson elaborates a model which says that positive emotions' role is to enlarge our current repertoire of thought and action, creating new personal resources. Negative emotions narrow the field of action, of decision-making, of thought, and minimise the resources or make them partially inadequate. (Fredrickson, 2000).

Because assistant work implies being witness to other people's suffering, one of the first emotions that triggers is compassion, which activates the desire to offer support and to bring comfort. This links to powerful feelings of being together, of trust, of social support. Our capacity be compassionate towards others and ourselves brings us closer together and makes us feel less isolated. (Arimitsu, Hofmann, 2015). Compassion mediates the stability of our focus towards prosocial behaviour. Besides its benefits, it also takes a toll on a personal level. Being compassionate makes us feel efficient, valuable, with a high self-esteem, but it also tires, or consumes, or exhausts us. In the long run, this leads to absenteeism, irritability, depression, or even lack of empathy. Leaving this state requires self-compassion – it comprises our capacity to understand that difficult situations are part of everyone's life, that these can be overcome, that negative emotions do not define us, that we can accept ourselves as being weak or impuissant, because all of these are parts of our life. This kindness and understanding with which we treat ourselves leads to our forgiveness, to coping with the situation, to resilience, to put up with the stressors in our life.

If our expectations are not fulfilled, we often feel disappointment, and this is another negative feeling that we have in the assistant activities. This is in relation with counter-factual thinking, so with evaluating the present situation through referencing an alternative image of ourselves. This counter-factual way of thinking is usually oriented towards the past – what I could have done better; what I could have done differently to get to another result, and in relation to the thought probability of a negative outcome. (Ben- Ze'ev, 2001).

Life experiences, self-esteem, values, personal references – all these lead to our vulnerability when facing adversities and their associated negative emotions. To diminish disappointments a high self-esteem is necessary, a good reference to reality, axiological side to be usually oriented towards positivity, strong personal references. A good strategy to diminish disappointments is to have lower expectations than usual, but also to showcase a stronger effort which can lead to the desired results, as expected.

After disappointment, regret can follow quickly, which is a negative emotion that is tied to the fact that regrettable events are the ones in which we feel that we have a responsibility in their unfolding; those events that we believe we can influence – if we would have done things differently, the outcome would have turned out differently. Regret appears when the person acquires a causal role in how the event turned out to be. (Zeelenberg, Pieters, 2007). Linked to the emergence of regret are also counter-factual thoughts – being conscious that by choosing better choices the result would have been different, maybe even better. Related to this aspect, understanding reality matters, in comparison to our counter-factual thinking process, or, in other words, to the dimension of the missed opportunity.

Other negative feelings that we can encounter in assistant activities can be anger, awkwardness, guilt, anxiety, shame – linked to how we could have worked better, but disappointment and regret are the ones that we usually encounter. Obviously, they are in relation to our internal realities. Hence, they refer to our internal reality and our role in creating it. Feelings exist if there is somebody to perceive them. We feel them inside ourselves, but we see their exterior manifestations in others, and thus we have a correspondent in our mind regarding these exterior manifestations' significance. So somehow emotional concepts have a social reality that we all know about that we are all acquainted with. (Barret, 2017).

Throughout this journey of how negative emotions appear, our internal adjustments have the most important role. Thus, our feelings become and can remain problematic. The word problematic marks the incapacity to solve these feelings adaptively for a better functionality of those who carry them internally.

Adaptation is linked to an internal emotional process and its function is to diminish emotional suffering. It is tied to the perception that harm has been done, or the perception that the desired result is different than the one generated by our expectations, that something provoked our resources. Our adaptation actually comes from the emotional adjustments given by the cognitive-motivational-relational configuration, which generates those emotions. In relation to this, every one of us has an individual adaptive efficiency. Of course, the important thing here is short-term efficiency – measured at the experience's level, but also the long-term efficiency – measured through adding up the individual's multiple experiences over time. The latter gives us an adequate social functioning. (Lazarus, 2011).

If our adjustments are not adaptive, it will generate demotivation, disinterest, and even counter-productivity in the assistance work and even beyond. Counter-productivity has the following components:

a) The employees have very low motivation to work and choose to do their tasks poorly, or not to finish them through the end or even to not take them into consideration.

b) Cross over the organisation's norms or even the social ones. (Sandu, Frunză, 2017)

If our adjustments are not done adaptively, then we perceive our work to assist others as stressful. Atkinson lists three of the factors that lead to perceiving the events as stressful: controllability, predictability, and outbraving one's own limits (după Atkinson, 2002). Linked to the assistance work, these would be showcased as:

- Controllability vs. uncontrollability – an event is perceived as stressful in direct proportion to how hard it is to be controlled or if it is uncontrollable. The conviction that we can control the events reduces anxiety and the perceived levels of stress even though we can never exert this control. Taking control means a lot more than we want to believe and in assisting somebody else, control is exerted only over our work and not at all over all the results, showcasing our own re-adjustments' direction. (Nuță, 2008). The clients that we assist have already found out that they have not been able to sufficiently take control of (health, or disfunctions, or relationships, etc) and this puts another pressure on our work, because, for the clients, as for all of us, losing control brings anxiety regarding how the situation in which they are is unfolding and what they control from it.

- Predictability – the powerlessness to predict the occurrence of difficult situations in our life and/or their evolution can sometimes transform these situations into stressful events. Besides this, the changes undergone in the assisted people's day-to-day life are changes whose progress is often hard to pinpoint and it links to their own possibilities to work adequately to the changes in their life.

- Outbraving one's own limits – although some situations are predictable and controllable, they are felt as being stressful, because they test our limits and represent a provocation to the image that we have about ourselves. This aspect appears when assisting others too, because we often want to do things that overtop our limits (sometimes we want to do the things that our clients should do, despite being inadequate and impuissant).

In adapting to stress healthy behaviours and the psychological factors that mould these play an important role. These are meant to keep, or bring in a good health state, both individually and as a collective. The behaviours that bring to a healthy lifestyle have at their basis motivational factors that are internal or external. The consequences over one's wellbeing or quality of life, or even health are not only the effect of one stressing agent (or multiple), but the result towards the way in which the person manages to find a way to adapt to this (or these) in time (Cornuţiu, 2000). Situations that are less or more difficult can appear in each person's life, experiences that generate a suffering that is more or less intense, but what differentiate those who go through these experiences in a good way, is that they have almost always the experience of their meaning, so they infer that all these events happen with a meaning that can be understood. (Nuţă, 2008). Thus, this is how it is for all of us who work in offering assitance of any kind, but it's the same for our clients, understanding the changes and the way in which they are going – brings clarity, coherence and the power to move further and find a solution for what needs it.

In confronting ourselves with difficult situations in our life, we can adopt different coping strategies, which can be classified as follows:

Cognitive strategies: which can be rationalization minimisation, negation, focus, intellectualisation, "magical thinking", positive thinking etc.

Emotional strategies: emotional expression, soliciting emotional support, reducing emotional reactivity (either through breathing or relaxation techniques or through the usage of sedatives, tranquilizers, alcohol, substances, etc)

Behavioural strategies: fight, avoidance and resigned acceptance.

Most of the changes that appear on an evaluation level appear as part of adjustment processes, whose function is comprised by establishing an adequate relationship between the person and the environment, or to maintain some desirable relationships. The adjustment can be the result of an emotional process, having both the role to change the triggering factors, as well as changing the emotional response in itself, but it directly and indirectly influences the ulterior re-evaluations of events, actions and results (after Lazarus, 2011).

Adapting influences, the emotional process in two ways:

- Certain adaptative processes have, as an effect, the change of the current relationship (that we have with the situation, the persons, the dysfunction, etc)
- Certain adaptative processes determine changes in terms of the way a relationship is managed (which we can have with the situation, the persons, the dysfunction etc)

We know how to react to these situations, because we have learnt these social answers in our development since we were children, up until we became adults. And if we react well, one can say about us that we have adequate responses to the situation. In our ontological development, we learn how it would be appropriate, adequate to feel, but we also learn to think about why we feel this way (Hoschild, 2008)

It is known about emotions that these represent the key to our adjustment and to our adequate and healthy functioning, generally speaking. (Gross 2001, 2002, 2007). Gross brings, as a matter of fact two types of strategies for emotional alignment, as follows:

- The cognitive reappraisal – which constitutes in us thinking, tied to the situation that we have just surpassed, which can be another meaning to what happened, an alternative meaning we have not see, or understood until that moment.
- The expresive suppression – which is the inhibition of any manifestation

These two types of choices define our emotionally adaptative process – cognitive reappraisal is a strategy focused antecedental and has, as a role to open up new possibilities to understand and action upon, while the expresive suppression is a strategy focused on the response, when things don't go as planned. (Gross, John, 2003)

The dimensions of our emotional reactivity are given by:

- The intensity of emotions – how strong are these
- The sensitivity of emotions – in what way are the emotions answered to, what is my typical response pattern
- The persistence of emotions – how long are they present in me after the initial triggering stimulus has ended its activity (Lannoy et al, 2014)

If our internal regulators don't bring us peace, these emotions can become distractors for us and can affect our balance. (Landman & Steenbergen, 2020). It is thus needed, on this road of ours, to assist others, to develop our capacity to relativize the failure and the success of our work in order to cope further (Badea & Constantin, 2002). The tendency to self-enforce for success is much stronger than the one for self-protection in the majority of humans. This means that when the factors to explain failure can be controllable through channelling one's own effort in the future, people accept failure in an easier way. This leads to taking responsibility for failure, freeing one's capacity to re-credit themselves for success, using, self-protection and avoiding the actions that were not validated previously (those that brought ill-suited results), on this occasion (Mitrofan, 2004).

In order to succeed, an inner dialogue and a good self-knowledge are necessary, otherwise this inner dialogue will bring us to few adequate adjustments. Of course, someone else's opinion is necessary to make us escape our internal traps. Some of these are:

- The illusion of causality – we have the tendency to find correlations where they do not exist
- The illusion of correlation – we are inclined to remember facts that confirm our previous choices and the perceived causality, rather that those that invalidate these
- The halo effect – we have the tendency to inadequately overburden certain attributes in order to explain certain behaviours, while ignoring others and sometimes even the cause of said behaviours
- The illusion of control – the wrong assumption that we can influence the course of our destiny (Ciupercă & Ciupercă, 2003)

The inner dialogue thus becomes functional in the intersection with other opinions through which we verify the verity of behaviours, choices – and these are the models in our life, other people's opinions, the analysis of facts and results. Through the inner dialogue we are aware of our vulnerabilities and faults, we have the possibility to discover who we truly

are and to make the necessary adjustments to be good with ourselves and with the world we live in.

In the relationship with our adjustments there are risk and protection factors which can be classified in individuals, familial and the environmental factors (Ionescu et al, 2013).

The individual risk factors pertain to low self-esteem, insufficient self-knowledge, perturbed attachment style, a distinct importance lent to a single personal quality, weak tolerance to frustration or suffering, manipulative or victim behaviour, etc.

The individual protection factors pertain to a good self-perception, to a good contact with the reality in terms of one's own person, but also in terms of others, concerns towards a healthy life (eating, sleep, sport, etc), managing emotions and situations successfully, etc.

The familial risk factors pertain to the models inherited from the origin family as a reaction to situations and events, but also by the support received in terms of difficulties, illness, raised family stress, painful events in the family.

The familial protection factors are the capacity to offer and receive support, the ability to manage crises along with those in the family, a good management of emotions, confidence, mutual respect, relationships that are consistent emotionally, a good socio-economic level of the family, etc.

The environmental risk factors are – stressful environments, or dysfunctional, or indifferent, a limited social circle, a flawed way to relate (in multiple environments – school, work, neighbourhood, etc) the retreat in internet usage, marginalisation, bullying, mobbing, etc.

The environmental protection factors are – frequenting a collective, maintaining significant liaisons with people from various collectives, a social diversified network, which responds to the person's needs, understanding and support from those close to the person, empathic manifestations, showcasing support when it is needed etc.

To conclude, in the case of jobs that involve assisting, there are some risk and protection factors which can influence their work and the results thus obtained, and they will incline the balance towards the vulnerability side (if the risk factors become predominant), or towards the resilience side (if the protection factors become predominant). Thus, the relationship we have with our choices, with our emotional adjustments is worth highlighting, because they will give us our possibility to accept, understand and react to different events in our life and work so that they remain in an adequate balance for us.

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CHAPTER X
The use of mass media in the social welfare profession

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Abstract: There is a short outline of the historical backdrop of the social partner calling universally and in our country. Accentuation is put on local area social help and the advancement of this arrangement of social insurance in the interwar period, the socialist time frame, and after the transformation of December 1989. The phases of the improvement of the advanced education of social help with the area of Arad after the unrest are stamped. The paper presents the foundation exercises did by understudies at the UAV Arad under the direction of their instructors and the media inclusion of these activities (by press and TV). Media inclusion has prompted a superior information on the calling and an increment in the quantity of understudies who wish to take up this calling.

Keywords: social work, charity, publicity, media

Definitions and main concepts

Social assistance, as a subsidiary system of social protection, operates by a principle other than insurance: it is based only on state budget funds or donations from volunteers and international institutions and does not involve any previous financial contribution from the assisted person.

Social assistance is defined as "an ensemble of institutions, programs, measures, professional activities, specialized services for the protection of persons, groups and communities with special problems, temporarily in difficulty who (...) are not able to achieve by means and their own efforts a normal, decent way of life" (Zamfir & Zamfir, 1995). According to the NASW (National Association of Social Workers), the fundamental purpose of the social assistant profession is to restore the normal social functioning capacity of individuals, groups and communities. According to Barker (1998), social assistance has several purposes: helping people to obtain resources and services, counseling and psychological support to individuals and micro groups, implementing or improving health services at community level, participating in the development and promotion of social legislation.

Blum defines social assistance as "an institution that, as a part of the social organization as a whole, has the function of providing social support to community members through the channel of public or private bodies and thus satisfying multiple human needs. The social service seeks to integrate the individual, family, groups and communities in the overall social environment. (Blum, 1970)

Assistance activity has two main dimensions:

- *the economic dimension* - which is aimed at the allocation of material and financial resources to people who, for a limited period, cannot lead a self-sufficient life, have no income. For example, poor, orphaned or abandoned children, deficient, elderly without family support and no pension, people affected by natural disasters and not protected by private insurance contracts.

- *the social and psychosocial dimension* of social integration and social reintegration processes in a broad sense: family, professional, cultural, normative, in the assistance of drug and alcohol addicts, the re-socialization of offenders, the solving of couple problems, protection of victims of physical, sexual and psychological abuse, solving intra- and intergroup conflicts (Tompea, 2011). Efforts in the field of social assistance are made both by state institutions and NGOs and by volunteers. The system of state aid institutions differs from one country to another, depending on the state's budgetary resources and the specificity of the social problems it is trying to solve, the assistance traditions and the dominant ideology.

Social politics

The social policy of the state represents a set of goals and tools of analysis through which the public power realizes the normative impact of public resources and the distribution of income in the humanist perspective of social justice (Tănasescu, 2009).

In his work on social policy issues, T.H.Marshall (apud Miftode, 2010), considers that the stated purpose of social policy is welfare. Starting from this premise, under the current conditions of the development of society the main objectives pursued by the social policy are:

- promoting public services: health, education, social security, culture, etc .;
- the protection of some segments of the population in difficulty through the social security system and the social assistance system;
- ensuring social conditions considered to be important for general social development: increasing social solidarity, promoting family and child interests, etc. (Ciumas &Văidean, 2011).

A brief review of the history of social assistance

In the past

Aiding, supporting the social government assistance framework, showed up from the get-go throughout the entire existence of humankind. Babylonian Code of Laws, of Hammurabi, is the originally composed indication of help, as the help of men among them, in a period of limitation (1750 BC) (Drimba, 1999). Additionally, in different nations of the old world, this thought flags its essence under various angles. In this manner, in Israel (1200 BC), individuals accepted that helping other people is a heavenly instruction, and God anticipates that they should help poor people.

To the Greeks (500 BC) there is the expression "Philantropy" which means demonstrations of affection for humanity. In Greek urban communities, this thought is regulated, showing up associations to help. Residents gave cash, with which they purchased various merchandise (garments, nourishment) for the penniless (Mănoiu & Epureanu, 1996). In China (300 BC), Confucius forms a few proposals known as "Confucius Annalships," in which the thought emerges that individuals should be connected to one another by yen (a sort of compassion communicated by aiding the poor). In ancient Rome (100 BC) there was a tradition in which patrician families distributed grains free of charge to poor Romanian citizens.

The development of Christianity is a genuine upheaval in this field, and altruism (noble cause acts) turns into a theory of it. After the sanctioning of Christianity by Emperor Constantine the Great in 313, the congregation is under commitment to help those out of luck. In India, China and the Middle East nations, in the archaic period, there were foundations called "clinics" which, indeed, were safe spaces in which poor people or handicapped were obliged.

By the fourteenth century, all Western European nations had various types of aiding poor people and different settlements or havens to help those out of luck, by far most of them were under the support of the congregation.

In Romania, in 1831, Chapter 8 of the Organic Regulation (the main Constitution of the Romanian Lands) builds up friendly help establishments, as: the Relief House for the Poor, the House of Beggars and a Birthplace, and a maternity specialist school. In 1869, the Romanian countries legislate, the commune's task of dealing with infirm children. At the same time, there are also concerns for mother and child assistance, in addition to helping the poor.

In Transylvania, social assistance is organized by the Austro-Hungarian administration. In 1888, there was a "White Cross" society that handles orphaned or abandoned children. There were also some orphan centers that managed the funds needed for orphaned and disabled children.

Social assistance in the period between wars

Romania additionally presented, in 1912, among the main nations on the planet, enactment on affliction, mature age, mishaps, handicap and memorial service, enactment went before in 1902 by the Law on the association of the House of Incident Insurance and passing for skilled workers.

After World War I, a precise and logical action of social help and assurance arose inside the Ministry of Health, Labor and Social Protection, because of the enormous number of widows, war vagrants, invalids and individuals with a deteriorated circumstance. In 1941, the Municipal Committee of the Bucharest Patronage Council was set up, with the end goal of consolidating in a solitary activity every one of the endeavors that occurred in the capital, for the structure up and evacuation of social wards and the association of sane social help. In this sense, a move has been made that has covered all spaces of social insurance and help. In 1948 the work and social help issues were rethought as per the arrangements of the law on the association and working of the Ministry of Labor and Social Welfare (Mănoiu & Epureanu, 1996).

Between World War I and World War II, because of the obliteration, social help issues expanded, neediness, hobos and transients developed. The improvement of the business carries with it the advancement of urban areas, the need of bringing the degree of living and training of the town to the city level. There were a couple of educated people in the town and in the neighborhoods of the urban areas. Normally these were the cleric and the instructor. Naturally, the town had a few occasions that everybody joined in: absolution, wedding, memorial service, however it didn't manage post-war issues. It was the subject of knowing the social real factors that it faces, and the capability of each one of the individuals who have specific training to be utilized, in light of the fact that that is the best way to tackle the social issues. Along these lines, the local area, which recently tumbled to a strict local area, ethnic local area, and so forth, started to turn into a more unpredictable troupe, to take all the more a geological and authoritative space.

The concept of community social assistance has been used in the interwar period by D. Gusti's sociological school in the attempt to know the social reality and to organize the professional and collective professional interests. In order for the world not to be isolated and confined by needs and weaknesses, programs for the development of a wide network of local community associations should be initiated so that the village can benefit from the energies of all professions in its environment, from doctor to teacher, and from that of all the functions that have developed in the universal world, from the spiritual function of the Church and the priest to the political-juridical function of the mayor or gendarmerie officer (Gusti, 1970).

The end of the First World War brought with it a new concept of social peace, which could only be achieved through a legal system based on the principle of social justice, on the idea that the underprivileged people have rights and that social assistance is not a matter of political benevolence, but a social necessity. Along with this fundamental change of optics in the analysis of the problems of the industrial society, social assistance emerges as a distinct field of activity (Neamţu, 2011).

In the period 1945-1989, the network of social workers, which functioned in the territory, was abolished, and the specialty posts were canceled definitively (communist regime did not recognize the existence of social problems).

In the present

After the transformation of 1989, the attributions and types of association of social insurance foundations are set up. In the field of social help, social assurance is accommodated minors and individuals with incapacities to help social and expert incorporation. It likewise guarantees the coordination of social insurance of individuals and burdened gatherings and teams up with associations that focus on friendly security. Social help stayed after 1989 of every a region difficult to reach by friendly strategies. The actions received after the unrest have neglected to establish a lucid and all around characterized framework. Advantages classifications are committed: cash and in-kind help, financing and overseeing foundations for those in unique circumstances, offering particular types of assistance to individuals in danger. In the classification of help in real money or in kind, accoding to the "Factual Yearbook of Romania", both the designations and the guide allowed to the populace from the state spending plan, just as those conceded from the neighborhood financial plans are incorporated (Banciu, 2006).

After the country's incorporation into the European Union, social arrangements are lined up with the Union's social strategies. (Bălaș-Timar, 2015) Social assurance frameworks assume a vital part in the European Union as far as the existences of Europeans and families, just as far as their impact in advancing society and the economy. They ensure pay for individuals in trouble while permitting them to acknowledge and adjust to monetary and social turns of events. They additionally encourage social union and financial dynamism. Social insurance uses address 28.5% of the GDP of the local area, of which the main part is for annuities and wellbeing administrations (Banciu, 2006).

In 1994, through a Tempus Program, The University East Anglia from Norwich, gives a preparation program to educators who will instruct social help at college level. There are two school personnel from each large college place (Bucharest, Cluj, Iasi, Timisoara) and two individuals from the service. Instructors, experts in related fields (brain science or humanism) are prepared for a very long time on a secluded model to guarantee a decent preparing for the new friendly associates in Romania.

Personal contribution

In Arad, training in social care occurs in 1999 at Aurel Vlaicu Uiversity, the Faculty of Theology, in the form of a dual specialization: theology-social assistance. In 2004 a specialization o its own is created, first in the Faculty of Humanities and then in the Faculty of Education Sciences, Psychology and Social Assistance.

Throughout this period new teachers are brought, from students who have already graduated at the UAV or graduated from other universities with practical experience in the field.

Today, the Social Assistance Studies program offers not only bachelor studies but also masters studies and provides to Arad county and to neighborhoods counties competent and professional social workers.

In addition to other activities through which the social assistance program is known (such as various Social Assistance Day activities, participation in national and international conferences and symposiums), charity activities are also included. (Runcan, 2018)

Initially, during the period 1999-2006, they took the form of charitable concerts. Students organized various charity concerts at the Cultural House of the Trade Unions or at the Cultural Palace, and the funds obtained were used by them to help disadvantaged categories (the elderly in the Care Center, children with various disabilities, women in the penitentiary etc.). (Drimba, 1999)

Conclusions and final considerations

The extreme advancement of good cause and volunteer demonstrations did by understudies from the Social Assistance Program at the UAV Arad, had a few ramifications, aside from the real assistance of the families in trouble:

- has prompted the information on a less amicable yet more pleasant part of the social collaborator calling;
- expanded local area receptivity to social help and its experts; has prompted a more significant level of expert preparing of understudies from this investigation program by their immediate inclusion in one of the sides of the down to earth work of the calling
- expanded by a little rate every year the quantity of youngsters picking this calling. (Dughi, 2010)

It is accepted that the beneficent and volunteer exercises did have extraordinarily arrived at the reason for which they were started.

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CHAPTER XI
Disability and vulnerabilities of the elderly – possibilities of approach from the perspective of physical medicine and rehabilitation –

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A feature of the contemporary world and also, of the important social changes is the increase in the number of elderly people. If between 2015 and 2030, the number of people over the age of 60 is estimated to increase by 56%, by 2050, the number of elderly people is expected to double its size when compared to 2015, reaching almost 2.1 billion. (1).The debilitating effects of acute and chronic diseases present in the elderly merge with the physical and social changes associated with aging. (2).The patient's age is often correlated with his physical and physiological function.

It is a known fact that as it ages, the human body undergoes a series of both adaptive and involution induced changes in all of its structures. The elderly person, sooner or later, will suffer a process of biological involution, in some structures of the body, depending on the genetic background, lifestyle (including physical activity and diet), and the psychological context. Degenerative changes can occur at the cardiovascular, respiratory, digestive or renal levels, but also at the level of the locomotor system.

The WHO International Classification of Functioning, Disability and Health (ICF) is now the dominant model for exploring the social consequences of a health condition. (3).

In our practice, we use the terms as impairments or activities according to ICF. (4)

Physical and rehabilitation medicine is a clinical medical specialty that deals with the prevention, diagnosis, treatment and management of rehabilitation of people of all ages, who suffer from disabling health conditions and their comorbidities. It addresses in particular to their impairments and limitations regarding activity, with the purpose of facilitating physical and cognitive function and of adjusting personal and environmental factors.

More than any other medical discipline, physical and rehabilitation medicine bears a great responsibility for the nature and extent of a patient's activities and participations. Thus, the aim is to detect and treat in deep details the deficiencies and limitations regarding activity that arise from these and to set clear objectives, such as:

- maximum physiological, anatomical and mental restoration
- optimal physical, mental and cognitive functionality
- optimal social functionality by making the most of the residual capacity of an individual (with or without assistive devices and/or adaptations used in order to prevent and reduce limitations). (5)

The most common health problems that limit both activities and participation for the elderly are those related to the musculoskeletal system, which are caused not only by degenerative rheumatic diseases, but also by neurological, cardiovascular, metabolic or respiratory

diseases. Degenerative rheumatic diseases in the elderly are largely related to the degradation of articular cartilage or to postural and static disorders of the body (caused by osteoporosis or muscle imbalances).

The basis for the realization of the vertical position and the movement scheme of the body are the sensory inputs starting from the foot, eye or ear. In the elderly, these inputs can be altered, and adaptive changes related to posture, orthostatic position, static or dynamic balance, locomotion, are often significant. All these changes have, in turn, functional consequences with repercussions extending to the professional, social or emotional sphere.

Physical and rehabilitation medicine can support the provision of medical assistance in order to compensate or correct these deficiencies.

1. Sarcopenia and osteopenia

Sarcopenia represents the loss of muscle mass, beginning after the 5th decade of life. It affects both the quantity and the quality of muscles and also their strength and endurance. (6). Sarcopenia is thus associated with a high probability of side effects such as falls, fractures, physical disability and sometimes even mortality. (7.8)

Sarcopenia affects the ability to perform activities of daily living, often being associated with heart disease (9), respiratory disease (10) and cognitive impairment (11). This creates a multifaceted pathological context that leads to mobility disorders, loss of independence and impairment of quality of life. The NICE co-morbidity guideline (NG56) defines co-morbidity as two or more long-term health conditions that coexist independently in the same individual. (12)

The interaction of muscle mass with bone density and structure is complex and depends on molecular, physical and hormonal factors. The loss of muscle strength and mass during the aging process causes structural changes in the microarchitecture of the bones and decreases mineral density, resulting in bone quality decline and increased rate of fractures. (13)

2. Risk of falling and risk of bone fracture

The origin of falls is multifactorial in the vast majority of people over 65, the risk of falls increasing in proportion to the number of risk factors present. The consequence of falls is most often a fracture. Hip fractures and spine fractures are the most common fractures of the elderly, most often following a trauma by falling from the same level. Risk factors for falls can be intrinsic or extrinsic.

Intrinsic factors include: old age, functional and health status: history of falls; visual disturbances; balance disorders (vestibular, CNS); neurological diseases: Parkinson's disease, stroke, senile dementia; cardiovascular diseases: orthostatic hypotension, rhythm disorders; locomotor disorders due to rheumatic diseases: hip osteoarthritis, knee osteoarthritis, rheumatoid arthritis; cognitive impairment.

Extrinsic factors include: habitat conditions, medication used – hypotensive drugs, neuroleptics, antidepressants, etc. Therefore, it is considered beneficial to identify risk factors and correct them, in order to reduce the incidence of falls, respectively the risk of fracture.

Osteoporotic fracture and subsequent fractures in the elderly are a growing public health problem (14), with high mortality (15). Hip fracture had the greatest association with the mortality risk followed by vertebral fracture. For the combination of hip and vertebral fracture, a hip fracture after a vertebral fracture showed the highest mortality risk. (16).The recovery period after hip or spine fractures is sometimes extremely long, due to the physical

deconditioning and the presence of several comorbidities of the elderly. Medical recovery is all the more difficult as the patient associates gait disorders in pre-existing neurological diseases (Parkinson's disease, stroke).

3. Chronic pain

Chronic pain is defined by IASP as pain that persists for more than 3 months. It is a major source of suffering and interferes with daily functioning and is often accompanied by distress. (17)

Parkinson's disease is a neurodegenerative disease in which pain is an integral part of the clinical picture. Ford (18) and Goetz et al. (19) distinguish the following categories: musculoskeletal pain, radicular/neuropathic pain, dystonia-related pain, akathitic discomfort/pain and central parkinsonian pain (18, 19). The prevalence of musculoskeletal pain ranges from 45% to 74% in those patients with PD experiencing pain (20).

Osteoarthritis (OA) is the most common age-related joint disease affecting more than 80% of people older than the age of 55. (21). Arthritis of the knee and hip in particular can compromise activities such as walking, climbing stairs, and self-care. (22). Osteoarthritis especially of the hip and knee not only affects the quality of life of the individual physically but also emotionally and socially. (2. 3). Arthritis of the hand and in particular, erosive hand OA (EHOA) (more severe subtype of hand OA) determining functional limitation in activity of daily living (ADL).

Alzheimer's Disease. Pain processing may be altered in dementias (24, 25) including Alzheimer's disease (26). Pain affects cognitive function (27, 28) and cognitive function also affects pain assessment and pain treatment because the primary method for pain assessment is still patient reporting. (29) There is a likelihood that patients with Alzheimer's disease will not be able to remember or interpret pain normally, but may exhibit abnormal behaviors, including agitation, aggression, and other emotional changes . (30, 31)

Pain may also be related to complications associated with deconditioning, gait abnormalities, accidents, too many medications, and cognitive decline. Medical rehabilitation intervenes in order to adjust the degradation of physical, psychological or social abilities. Evaluating ADL can help assess the level of function and establish a direct treatment.

The therapeutic approach of the elderly is undoubtedly a client-centered approach. The concept of MOHO Model of Human Occupation (32) is very well illustrated in the therapeutic approach. According to this model, the human is a dynamic system going through a continuous change and reorganization that interacts with tasks and the environment, thus generating occupational behavior. Each individual is a unique being with particular values and interests, with personal skills, with a behavioral pattern based on its own causality, with specific roles and habits consolidated over time. When becoming of old age, every person has a personal history behind him and in most cases, also a complex medical history. That is why the therapeutic approach should be composed of a multidisciplinary team that takes into account all the particularities of the senior who has become a patient.

In the theory of neuroplasticity, which is beginning to gain ground as a basis for therapeutic recovery interventions, there is the principle of "use it or lose it". Maintaining active physical and cognitive functions promotes the independence of people with disabilities, even when these disabilities are related to aging.

Physical activities adapted to the state of the elderly, home care provided by social workers and occupational therapists, prophylactic and curative spas, promotion of social activities (clubs, recreation centers for seniors) can be considered prophylactic actions to prevent deconditioning, both physical and psychic.

The role of the family is defining in maintaining motivation.

Cognitive Disorders - Cognitive disorders have long been considered normal attributes of old age. If mild memory deficiencies are considered common at older ages, severe disorders - marked memory impairment, confusion, disorientation - have as a pathological substrate neurological diseases gathered under the term dementia. It should not be overlooked that these disorders can be caused or aggravated by other aspects - medication (diuretics, tricyclic antidepressants, analgesic opioids, muscle relaxants with central effect, hypnotic sedatives, antihistamines), sleep disorders, inadequate diets, oscillating blood pressure or rhythm, dehydration, fever, infections (typically, respiratory hypoxia, urinary tract infections), extreme temperature conditions (hot or cold), psychosocial stress. (33)

The objectives for the recovery treatment of the elderly patient are:

1. Fighting pain
2. Increasing mobility and joint stability
3. Increased muscle tone
4. Maintaining posture
5. Restoring the static and dynamic balance
6. Reeducation of the motricity coordination
7. Reeducation of gait
8. Readapting to effort
9. Respiratory rehabilitation
10. Fall prevention

Complex pathology, acute and chronic diseases and external conditions such as the family situation and changes in the social environment are determining factors for the therapeutic attitude in this group of patients. Occupational therapy in the elderly is much more appropriate for functional recovery than analytical kinetic exercises. (34) Its advantages in prophylactic and recovery assistance are unanimously recognized: within physiological limits, it simultaneously approaches joint mobility, muscular strength and endurance, coordination and balance, and it restores normal movement patterns (motor and sensory-motor engrams) more quickly. (34, 35)

In the evaluation of the elderly patient, it is necessary to establish the performance areas (the most important elements that are possible to be restored). In order to obtain the maximum degree of autonomy in everyday situations, it is necessary to recover the lost functions and maintain the existing ones. Compensation can be achieved by employing the elderly in new directions of activity in occupational supportive therapy, which together with physical therapy ensures at least the maintenance of daily activities and the autonomy of usual gestures. [36]

At home, the focus is on ADL. The advantage is that the patient remains in his habitat, no longer being required to adapt to new elements.

The under-solicitation of the elderly by the entourage is more harmful than overwork because it eliminates the necessary compensation following the loss of scheduled activities, the rigor of which requires the individual to a permanent critical, mental and intellectual exercise. [36] In more severe cases, in the recovery phase of daily activities, occupational function therapy is applied to avoid the onset of passivity and “bed rest”. (36,37]

In geriatrics, the patient must be redirected to the outside world. Occupational therapy is the most effective method to combat the phenomenon called unsocialization, specific to the elderly, whose causality is complex: cessation of professional activity (retirement), decreased physical and initial performance and diseases that add to the aging process. It also combats the tendency of isolation, loneliness and return to the past of the elderly, favoring social contacts and contributing to the development of interpersonal relationships. (36, 37, 38)

The drugs have a short- and long-term side effects, especially in the elderly.(40). The non-pharmacological approach has gained importance, as a physical medicine and rehabilitation [40]. The physical and therapeutical exercise is an option, used in order to maintain functional independence and quality of life of older adults [40]. Exercise interventions for older adults with chronic musculoskeletal pain and illness with physical disability should meet the needs of each patient. Physical and therapeutical has a protective effect on cardiovascular changes, depressive symptoms and physical use in older adults [41]. Aerobic exercise for an average of half hour, stimulates the production of endorphins, which bind to opioid receptors in the pain control system of the brain and spinal cord to reduce pain perception [42, 43].

Everyday, as healthcare providers, we meet older patients with physical and mental disorders that limits their independence and social participation. There are a lot of bariers in their therapeutic approach: healthcare payement system, lack of caregivers, family status. All of them increase vulnerabilities of the elders. This is why this problem becomes also a social and political issue. Modern medicine leeds to the increase of elderly population. This needs to be balance with proper health and social politcs

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CHAPTER XII
New European strategies for the vulnerable category of persons with disabilities

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Abstract. The European Commission has adopted the Law for Persons with Disabilities, which has been implemented in Romania through the establishment of ′Respiro′ Centers. The rules and regulations imposed by the COVID-19 pandemic have impaired the right to social assistance of persons with disabilities.

A significant objective of the European Comission is to ensure a safe life to the vulnerable category of persons with disabilities, regardless of their ethnicity, sex, religion, or age, in the European Union, at Member State level.

There is a strong need to review and improve the life quality of persons with special educational needs (SEN), in the short and long term.

Keywords: European strategies, vulnerable category, persons with disabilities, law, social work establishments.

For the 100 million persons with disabilities in the European Union, the European Commission (EC) has adopted a new strategy on the application of the rights of this vulnerable category (European Commission, 2021). The current pandemic context requires the reorientation of life strategies towards digitization and ecology.

These strategies must be implemented in an inclusive way, to provide equal employment opportunities for persons with disabilities, by creating new jobs and new digital tools to help them in their daily lives.

According to EU strategies, there are two objectives in this regard, which require a number of financial investments, in order to unlock the public and private sectors (European Commission, 2020 & 2021):

- The European Green Deal aims to achieve a sustainable, climate-neutral Europe by 2050;
- Equality for persons with disabilities in all aspects of human rights.

′No one is left behind′ is the EU motto for achieving these desiderates (European Commission, 2021). We strive for equity for all EU citizens, regardless of their vulnerability.

Human Rights and the Rights of Persons with Disabilities reinforce a social Europe. The strategy of equality for persons with disabilities is based on human rights and on the rights of persons with disabilities. Its main objective is to ensure a safe life to this vulnerable category of people, regardless of their ethnic origin, sex, religion, or age, both at Member State level and in the European Union.

This strategy aims to ensure equal opportunities for persons with disabilities, in Europe, as follows (European Commission, 2021):

- Human rights;
- Professional and occupational participative rights;

- Auto determination;
- Freedom of movement in the EU (regardless of the special support needs);
- Elimination of discrimination and stigma.

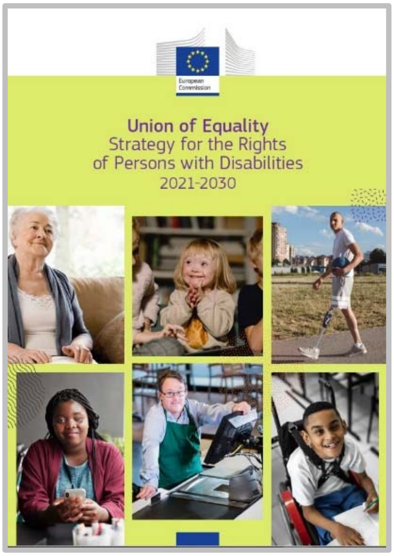


Figure 1. The new guidebook *Union of Equality Strategy for the Rights of Persons with Disabilities 2021–2030*
(retrieved from http://ec.europa.eu/social/BlobServlet?mode=displayPicture&photoId=11769).

Regarding the rights of persons with special needs, the EC has established three social pillars to support the labor market: equality, accessibility, and inclusion.

Strategic European research shows that, for an inclusive and accessible labor market European citizens must benefit from the following rights:

- Universal education and life-long learning opportunities;
- Active support in employment, through mentoring (in finding a job, in professional training, and professional re-qualification);
- Unemployed people should receive additional support for finding a job, through in-depth individual reassessment at 18 months of unemployment;
- Policies to support the integration of young people into the labor market, at European level, in all Member States. They aim to ensure the right to continuous learning, apprenticeships and skills training traineeship programs for all workers. According to the European Commission (2019), employment can be stimulated by offering good quality jobs to recent graduates, within 4 months of unemployment or obtaining a degree (*Youth Employment Support Package*). These measures are intended to reduce disparities among this vulnerable category of young people. Young people often face a difficult start in the labor market. This phenomenon has been exacerbated by the COVID-19 pandemic. According to a research conducted by the EC, the perentage of youth unemployment was 15,4% in April 2020 (EC, 2020);
- Vocational educational training (VET) rights;

- Secure job place;
- Workplace adapted to the needs of the workers, in terms of working conditions and social protection;
- The right to well-being and life satisfacion (achieved by fulfilling the needs of the workers and their faimilies - adequate minimum wages);
- The right to have an employment contract that respects the collective labor agreements, in accordance with the Labor Code;
- Parents of children with disabilities have the right to change their work schedule so that they can take care of their children until they turn 2 or 3 years. They also have access to care services. The European Commission has adopted the Law for Persons with Disabilities, which has been implemented in our country through the establishment of 'Respiro' Centers. These type of centers are an alternative to continuing the upbringing and care of children with disabilities during periods when parents, for objective reasons, are unable to do so.
- Workers have the right to a safe workplace, to protection for occupational health;
- According to the *Occupational Safety and Health strategic framework* (European Commission, 2020), workers have the right to have their personal data protected in the context of employment.

The European strategy for inclusion aims to ensure social protection of persons with special educational needs (SEN), by 2024. It includes measures in the following domains (Tajani, Ratas & Juncker, 2018):

- Child support;
- Social protection;
- Unemployment benefits;
- Minimum income for dignity;
- Adequate income for pensions;
- Access to preventive and curative health care;
- Income support for the inclusion of persons with special needs;
- Long-term care services for all social categories and age groups;
- Social work services for homeless;
- Access to essential services for life and support for persons with special needs: water, food, energy, sanitation, transport, digital communications and financial services.

A brief analysis of the social work needs of persons with special educational needs (SEN) was carried out during the COVID-19 pandemic. It helped to identifiy several fields of action that could increase the quality of life of persons with disabilities during the state of emergency. The rules and regulations imposed by the epidemiological crisis have impaired the right to social assistance of persons with disabilities. Face-to-face therapy and healthcare have been reduced considerably. Moreover, active social life, which occupies an important place in the harmonious development of the human psyche, has undergone restrictions. All

this was due to the shutdown of day centers for persons with SEN. The lockdown meant that this vulnerable category could no longer benefit from individual and group therapies, or from the social side of communication. Although the vast majority of therapies took place in the online environment, they were not as effective, due to several factors, of which we mention:

- Poor internet access;
- Lack of devices;
- Absence of the social worker or therapist, as a human resource in therapies.

One-on-one contact is very important for some persons with SEN, who require both physical and verbal guidance.

For the proper functioning of services in the online environment, mental health and psycho-social assistance should be reviewed (Runcan, 2020). It would be ideal for social workers to make every effort to provide persons with SEN with means of communication, ways of recreation, opportunities for educational activities, and ways to maintain their psyche and physique in good condition. Persons with SEN should have access to these services on a regular basis, during the period of restrictions.

Because of the restrictions, some persons with disabilities have become anxious, nervous and have felt ignored by the authorities, despite of their accute need for support (Gavrilă-Ardelean, 2017).

Due to the lack of aid, persons with locomotor disabilities who are not able to move, as well as persons with severe cognitive disabilities, did not receive permanent assistance from a social worker in their daily activities, which resulted in them having a difficult time during the state of emergency.

These special circumstances have awakened the civic spirit of the vast majority of Romanians (Runcan & Runcan, 2020; Rad, Dughi, Demeter, & Rad, 2019). Many volunteers offered to aid persons with disabilities by purchasing and distributing groceries.

Children with SEN, and their families, have also been affected, especially in terms of access to education (Breaz, 2020). Numerous families of children with SEN could not afford to purchase the devices needed to access online courses and therapies. As a result, children were unable to attend online courses, and perform the therapies necessary for their development. In consequence, many children with SEN have experienced significant setbacks in cognitive, physical and social development. This has hindered and lengthened their recovery, which, from now on, will require great efforts on the part of all those involved in the therapeutic process (Goian & Breaz, 2020).

In conclusion, due to these shortcomings, there is a need to review and improve the life quality of persons with SEN in the short and long term. This can be achieved through the development of the online education system. It is important to form numerically optimized human resources that meet the current needs. In terms of professional skills, specialists should update their digital competences. The pandemic period called attention to the need to set up day centres and to distribute free devices to persons with SEN.

The National Authority for the Rights of Persons with Disabilities, Children and Adoptions of the Ministry of Labour and Social Protection has met these special needs reported during the pandemic. Through a Government Decision that completes the HG nr. 867/2015, it has established Respiro Centers. They are alternative measures to support persons with SEN and their families. In these centers, children with disabilities have access, for several hours a day or for a longer period of time, to basic services, such as: care, education and health. When the parent or caregiver of the child with special needs is confronted with a life event that forces them to take a rest period (respiro), they can access these services for their

child. Respiro Centers have a flexible structure, adapted to the needs of the community, and can operate in several components and compartments, of which Day Centers are mandatory (http://andpdca.gov.ro/w/centrele-respiro-in-nomenclator/).

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CHAPTER XIII
Vulnerabilities in parent's counseling in preschool and its effects in children's lives

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Abstract: Encouraging the family to successfully exercise its educational function is achieved both through counseling and education. The intervention in both forms is of social

and educational type. Socio-educational intervention consists of a complex of measures that support the family and intervenes in the mechanisms that favor intra-family relations, in favor of family education and children's education. Among these forms, a particularly important place is occupied by the family educational counseling or family counseling. In the present article, we are going to present the theoretical frame of parents counseling, and some practical suggestions for the preschool level, structured on an entire school year.

Keywords: counseling, parents, preschool, vulnerability, education.

Introduction

Counseling is a process by which a person reaches a higher stage of personal competence always involving change. Counseling involves certain specific objectives:

- insight - involves a rational control of actions and feelings and actions;
- development of self-awareness - aims to develop self-perception by comparison with others and being opposed to denial;
- self-acceptance - involves a positive attitude towards oneself, acceptance of criticism and rejection;
- self-development and individualization - involves the development and fulfillment of potential;
- problem solving - is achieved by learning to look for solutions and finding an appropriate solution;
- psychological education - involves the acquisition of techniques for understanding and controlling behavior;
- acquisition of social skills - is achieved by: maintaining contact with social eyes, leading conversations, anger control;
- cognitive change - involves changes in removing irrational beliefs;
- behavior modification - involves changing/replacing methods, non-adaptive, destructive behaviors;

- systemic change - aims to introduce change in a way that social systems work;
- development - involves the acquisition of skills, knowledge needed to help the client cope with social inequalities;
- restitution/compensation - helping the client to correct previous destructive behaviors.

Educational counseling is a special relationship, developed between the teacher and the person in need, in the stated purpose of helping him. Counseling is a working tool in the hand, heart and mind of the teacher, along with other tools that must be identified for educational endeavors. (Cerghit, 2006)

Theoretical frame

In preschool education, counseling opportunities for both parents and children are very frequent due to the large time spent with them. Counseling children is done in concrete situations, when behaviors require them. The preschool period is a period in which parents-children/children-children/children-teachers' conflicts are frequent but these relationships can be improved or even corrected through counseling. in accordance with the weekly topics addressed in the instructive-educational process. (Bocoș, 2013)

Topics of interest are addressed such as:

- Healthy eating
- Rules of personal hygiene
- How well we know our child
- Family reading
- Positive/negative influences
- Responsible parent-child involved
- My child is unique
- Good manners both in kindergarten and at home
- Rewards/sanctions
- The right games and toys
- Ecological education - how we can involve children in protecting the environment
- Stop processed foods
- How can I communicate better with my child?
- Let's learn to be generous
- The parent-model of life for the child
- The influences of the screen on the child.

These topics are addressed weekly, depending on the availability of parents with theoretical support or with the help of PPT presentations, following with conversations, round tables, discussions, workshops, joint activities with children or others can take place. Various specialists in the fields approached (doctors, psychologists, therapists) can also be invited during

counseling classes, to provide parents with information about what concerns or interests them. (Șoitu et all, 2001)

Parental counseling is beneficial because it gives parents an overview of what is happening within their own family. The teacher can make a comparison between the parenting style and the child's behaviors in the school. Most parents recognize their children's own will and that only in time will they acquire verbal and nonverbal communication skills. Family dynamics can also influence the parent's style and behavior of the child. Families with children of different ages may have difficulty implementing a consistent style with all children, especially if they have different personalities and needs. (Agabrian & Milea, 2005)

Another important aspect of parent counseling is to ask the question: Are my expectations of my child realistic? What can I do if my child has other thoughts or ideas? These counseling activities can help the parent to reevaluate their expectations and develop a parenting style that is beneficial for both the children and the parents. Also, the fact that they get in touch with other parents and have the opportunity to exchange experiences or share opinions or feelings. (Goian & Breaz, 2020)

Recent perspectives

The pressure of being a good parent can affect the relationship with the child because the desire to educate him as best as possible creates a conflict situation in an attempt to create the perfect child. From a therapeutic point of view, it is obvious that the positive change starts from the parent in the first place. Parental well-being is the key to creating an atmosphere conducive to the harmonious development of children. (Doise et all, 1999)

Parental counseling is in fact a process that lasts throughout the schooling period so it is important that both the educator and the parent are patient and approach the problems or conflicts in a positive way in order to highlight as much as possible the qualities instead of the defects.

Learning about your child is good for both the parent and the child, and counseling activities provide an opportunity for the parent to learn about their child, feelings that the child is not yet able to express. Often the parent does not make time to spend time with his child, and joint parent-child activities can create the opportunity for fun or sports activities that strengthen this relationship.

In terms of counseling, an equally important role is played by counseling children. In this sense, the role of the teacher is facilitated by the longer time spent with the children, as well as by the adaptive character of the preschool children. These counseling activities can take the form of conversations, therapeutic stories or various activities adapted to the needs and particularities of children. (Jigău, 2001)

The difference between counseling children and parents is that in children, we need to make sure that the methods and techniques used are appropriate to their age, and that children really understand the effects of their behaviors on those around them. Important in these activities is the development of a positive self-image, improving children's communication skills and their emotional vocabulary. The teacher can observe the multitude of behaviors of the children with whom he works and thus establish the most effective strategies for improving the observed negative behaviors. Most of the time, minor conflicts at the child-child level resolve on their own and thus there is no need for adult involvement, but when behavioral problems persist then the educator must find the right method to stop that behavior.

Regardless of the method approached or if the parent or child is advised, it is important to take into account the interests of the child, his development from all points of view, his support and preparation for a successful integration in social life.

Good practices in terms of counseling activities for preschool level

Among the joint parent-child activities we exemplify the following: (Torkos & Pasinszky, 2021)

SPRING ACTIVITIES
Mother's Day activities
The children are hiding behind a screen. To the specific questions of the educator, the child raises a green flag for YES or a red flag for NO. Based on the children's answers, mothers are asked to guess which child it is.
A child with his mother will be tied to one leg and will have to follow a predetermined route. Pairs can play this game in the form of a contest.
March 1st activities
Making spring symbols with parents that will later be donated and given to the elderly.
"A berry/a flower" - flower planting activity.

Table 1. Joint activities for spring

SUMMER ACTIVITIES
Making fruit salads or cookies.
Sports game - throwing at the target with water balloons.

Table 2. Joint activities for summer

AUTUMN ACTIVITIES
"A clean environment-a healthy environment" – greening activity, cleaning in the kindergarten park
Contest: "Naughty Pumpkins" – carving pumpkins

Table 3. Joint activities for autumn

WINTER ACTIVITIES
Stove stories (a grandmother or grandparents are invited to kindergarten to read stories to children or create stories together).
Decorating the Christmas tree together, as a religious education activity.
The children and their parents go to carols at various institutions to give joy to those around them.
We are generous: the children prepare the packages with different gifts for the children and take them to the needy children.

Table 4. Joint activities for winter

Conclusions

In the literature there are concerns to find those arguments that support the existence of parental counseling programs. These arguments start from the perception of the parent as the main responsible for the initial growth and development of the child, as well as from the increased social requirements in favor of awareness and school counseling as a component of the curriculum can be approached detached from the rigors of methodology. a lesson, if we consider that in these activities, we try to solve some problems of the student and not teaching - learning some knowledge. School counseling through the diversity of its approaches should be a bridge between school counseling as specialized assistance and the school curriculum. (Vrăjmaș, 2002)

The uniqueness of the solutions to the educational problems of the family can be noticed also starting from the uniqueness of this human institution. Every parent is unique just as every child is unique. That is why it is impossible to make precise recommendations for solutions in the life situations that parents and children face. (Torkos & Egerău)

Insisting on the need to help parents to be parents, we will try to show that the teacher can and should want to carry out educational counseling programs for parents at least at the level of the class whose activity he coordinates, if not at the level of the whole institution.

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CHAPTER XIV
The child with disability, the invisible child...

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Children don't look alike! Adults don't look alike! Each individual is unique, different from any other individual. It is well known that even monozygotic twins do not resemble each other cell by cell, they don't have the same sex and the same blood type, otherwise there are multiple differences between them (one may be right-handed, another left-handed, they don't have the same fingerprints, one may be taller, the other shorter, one may be blond, the other browner, etc.) and they certainly won't have the same personality.

There are many differences between our students: by gender, age, skills, attitudes, temperament, character, behavior, intelligence, background (urban, rural), social status of parents, parental support, accessibility, etc. The differences between us isn't a bad idea, on the contrary, they are the joy of discovering something new in others, of seeing things from a different perspective, of always being surprised.

Every person has a subjective perception of himself, he oe she wants to live a quiet life, to be happy, respectively to live always a state of well-being that offers him comfort and fulfillment. Most specialists consider the quality of life expressed in five essential areas (Roșan, 2015, p.81):

- Physical well-being - which refers to health, skills, mobility, personal safety.
- Material well-being - of all, as well as individual, includes the right of ownership, access to transport, the right to work, etc.
- Social welfare - which focuses on interpersonal relationships and community involvement.
- Emotional well-being - includes affectivity, personal achievements, stress, self-esteem, status, respect received from others.
- Productive well-being - the ability of the individual to use time in accordance with their own beliefs and values.

With or without a disability, every individual wants a quality life, he does everything he can to achieve his goals. No one came into the world with the desire to have a disability! No parent intends to have a future child with a disability! But these things happen and no one can ever stop them! The world of people with disabilities is very generous, we can always cross their threshold. Maybe that's why it's important to see things from the perspective of those who live the experience of a different life. It is easy to judge, to blame fate, the parents, to stay aside, but it is much more useful for everyone to understand and take what is good and beautiful from each one, to help each other and to accept that, around us, there are people with disabilities who succeed in life much more than normal (typical) people. They can be an example for any of us. For example:

- **Miguel de Cervantes Saavedra,** Spanish writer, as a former soldier lost his left arm in the battle, he was a prisoner for five years, and after this experience he began his literary

career, being known for his famous novel, *The Ingenious Gentleman Don Quixote de La Mancha.*

- **Ludwig van Beethoven,** lost his hearing at the age of 26, but continued to compose music. He wrote the *Sonata of the Moon* almost deafly and, already deaf, he composed a song called *Für Elise,* a song always found in music boxes.
- **Albert Einstein** didn't speak until the age of three, he was autistic and dyslexic. In high school, math, reading and writing were a real torture for him.
- **Franklin Roosevelt,** former president of the United States, suffered from polio. The fact that he was in a wheelchair didn't stop him from bringing America to its feet, in the midst of a crisis, laying the foundations of a modern banking system.
- **George Washington,** the first American president, had learning difficulties, he could barely write and he had serious problems with grammar.
- **Woodrow Wilson,** president of the United States of America between 1913 -1921, suffered from severe dyslexia.
- **Walt Disney,** a well-known American producer, animator, screenwriter and entrepreneur, 22-time Oscar winner, had difficulty in learning.
- **Thomas Edison,** with several inventions in the field of electricity (filament bulb), telephony, multiple telegram transmission system, mechanical sound recording (phonograph) and cinematography-kinetoscope, had learning difficulties.
- **Alexander Graham Bell,** the inventor of the telephone, had learning difficulties.
- **Helen Keller,** blind, deaf and dumb, has dedicated her entire life to people with disabilities.

But what does it mean to be a person with a disability? Is disability awareness painful? Thoughts that: I'm different! I am inferior to others! I can't do what others do! I do not understand! I won't be accepted! I don't have any friends! I'm not loved !, are very painful, everyone reacts differently to them.

People with disabilities have a lot of questions: Shall I be able to change who I am? Shall I ever be able to get rid of the disability? Disability is closely related to what I am, it is my occupation, my strength ... It affects my relationship with others ...

The child with a disability grows up with the feeling that when he or she grows up, he or she will be a typical person, that disability will disappear. We must remember, however, that each child, regardless of the type of disability, represents a person and has its own needs. Some of the children benefit from more support, prosthesis, treatments, therapies, etc., others less or not at all. That is why a class of students in which we find an integrated child, will undergo some small changes, easy to make, which will benefit all children of the class, not just the affected one. The teacher will adopt some communication strategies (Salloum, 2011, page 45):

- The walls of the classrooms must be decorated with drawings, photographs, maps, etc., to facilitate a better understanding of reality and to provide concrete visual support whenever needed.
- The desks must be arranged in a circle, U or L, in order to give the opportunity to all children to follow the speaker.

- Classroom lighting should be optimal.
- The school boards, flip-charts or a video projector provides useful visual support in the event that the student has lost some of the teacher's exposure.
- Communication all the time with students, can asure they pay attention to the teacher.
- Use as much as possible nonverbal language.
- The teacher must be prepared to repeat certain comments, questions or answers of a certain child so that all children benefit from communication.
- The teacher's attitude is advisable to denote understanding, openness and involvement.
- The requirements should be explained clearly and patiently and in order to be sure that the student understood the requirement, he will ask the student to repeat it in his own words.
- It is important to use games and the experience of direct knowledge, trips outside the school, as much as possible, to help them become familiar with nature and the environment.

The teacher should know a few very important things:

- that the student with a disability is more scared than he at their first meeting, because he does not know if he has patience with him, if he will accept and understand him;
- even if he or she has a disability, the child can be intelligent and if he works taking into account his particularities, the child will obtain very good results;
- to cope with school requirements, the child puts much more effort than typical children, therefore he or she gets tired faster and needs more time for individual activities;
- the child needs a support teacher to sit with him in the classroom, to help him develop his task-solving skills, and sometimes to go with him to the specialized office in order to be able to recover certain more difficult aspects;
- the child has the right to a personalized intervention plan, to which each teacher will contribute by adapting the school curriculum to the discipline he teaches;
- the evaluation of the child will be done according to the personalized intervention plan, therefore he will be able to obtain maximum grades or qualifications.

When teachers don't take into account the needs of the children, some of them self-segregate, give up and suffer in isolation, others are ambitious and work hard to impress, to prove that they are capable of results as good as typical persons. They eagerly want to be part of the students' group, to be noticed, and treated with respect and equality. Sometimes they are ready to make compromise in order to became observed. It would be useful in delicate situations, that social assistance to be correlated with psycho-pedagogical and medical assistance in order to avoid possible dramas of these children (Breaz, 2020, p. 26).

The other students, typical classmates, are also children, impatient or influenced by their parents, they have different attitudes towards their colleagues with disabilities. Some of them, accept their classmates with disabilities, others are indifferent but, unfortunately, most of them label them, humiliate or remove them from their games.

To see which is the place of the child with a disability in his or her classroom, we used sociometric tests in classrooms where there are such integrated children. The advantage of

such test is that it allows us not only to identify preferred people, but also to find out what is, quantitatively speaking, the level of interpersonal cooperation, most desired child as a teammate or who isn't preferred by the group in a situation or other. The data of each sociometric test were recorded in a table with two entries, both vertically and horizontally in which all students in the class were passed. The points assigned from the choices/rejections of the colleagues were passed vertically, and the positive and negative perceptions attributed to the colleagues were passed horizontally. The matrix facilitates the identification and arrangement of the raw data taken with the help of the test, their processing. Vertically we passed in order, corresponding to each student, +3 points for the first favorite colleague, +2 points for the second favorite colleague, +1 point for the third favorite colleague, respectively - 3, - 2, - 1 point next to the colleagues rejected. Subsequently, we calculated the sum of the points obtained from the elections and rejections.

The hypothesis we started from stipulates that *there are significant differences between the way typical children are accepted among themselves and the way they accept their colleagues with disabilities, integrated in their classes.*

The four students with disabilities integrated in mainstream education who were the subjects of our study, are two girls (one with hearing impairment student in sixth grade and one with neurolocomotor disability, student in seventh grade) and two boys (one with the syndrome down, student in sixth grade and one with neurolocomotor disability student in eighth grade).

The results of the sociometric tests were surprising, because we expected students with disabilities to be rejected by their peers, although we wanted to be accepted, but the real situation is, from our point of view, much sadder. These children are not preferred but not rejected, therefore they are actually neglected, forgotten. Thus, in their place, within the realized matrices, we obtained only the number 0, which made it difficult for us to calculate the sociometric indices, respectively the degree of integration in the group. Finally, our study has the merit of pointing out that the situation of children with disabilities is, unfortunately, sad. They are not preferred but not rejected, typical children do not take them into account in most of their activities and they feel neglected, unimportant to the group, invisible ...

The role of the teacher thus becomes even more important! He must be a mediator, he or she must make typical children see a child like them in a child with a disability, develop their empathy and transform their physical integration into a real, functional integration.

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CHAPTER XV
Early attachment and school adaptation

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Summary

The aim of this study is to discuss attachment disorder as a predictor of school failure. The research results show that attachment is a hypothesis to consider when referring to academic failure, the foundations of learning being built on a safe space, provided by good family relationships. Even if they have the cognitive resources to cope with school requirements, students with attachment disorders cannot self-regulate their learning, letting themselves be "invaded" by internal emotional stress. Attachment trauma inhibits spontaneity, creativity and the joy of learning, as the spatial perspective is affected. The state of dependence on the place occupied in the family structure does not allow the creation of a transitional school space in which the student can differentiate himself from the parent and manifest himself autonomously. The teacher-student relationship is also affected in children with attachment trauma and school failure, who feel less accepted by teachers. Remedial interventions in attachment trauma are addressed to both parents and children, as well as to teachers and specialists who interact with these students.

Types of attachment and attachment trauma

Attachment, described as the child's ability to establish harmonious relationships with others is a broad topic of study in the field of psychology. Since the emergence of this concept, it has been hypothesized that the inability of the child to create a relationship with one or more people in the first years of life persists into adulthood, the child becoming an adult showing a pattern similar to childhood in terms of close, intimate relationships.

Research aimed at analyzing the types of behaviors of children towards the person of attachment initially focused on the mother, although later it was shown that not only the mother can represent the figure of attachment, but also other significant people in the child's life (Birch, 2000).

Using the *Foreign Situation* paradigm, in which the mother leaves and returns to the experimental room while being replaced by a foreign woman, Ainsworh (1978) described four types of attachment of the young child (apud Atkinson et all., 2002; Lahousen, et all., 2019):

a. *Security*-based attachment. Children with a secure attachment, even if they are upset and protest when their mother leaves, can manage their emotions and rejoice when she returns.

b. *Anxiety-Avoiding* Attachment. Children with this type of attachment do not protest when the mother leaves and generally avoid contact with the mother when she returns. They appear to have mature behavior, but in fact mask a significant internal stress.

c. *Anxious-Ambivalent* attachment. Children with ambivalent attachment oscillate between search and resistance to physical contact. When the mother leaves, they manifest

themselves as secured ones, but on her return, they alternate between "hanging" and avoiding.

d. *Disorganized* attachment. These children show combined characteristics of the Avoider and Ambivalent type, the behavior becoming contradictory. The mother is sometimes the desired Object, sometimes the rejected or avoided Object. When the mother leaves, they are angry and uncontrollable, and when she arrives, they seem disoriented, without emotions or depressed, they avoid visual contact while looking for the mother, they want physical contact but paradoxically reject the closeness.

A secure attachment means successfully managing separation when the situation requires it. In attachment disorder, children and adults later find it difficult to work out this "loss" and remain dependent or overly withdrawn/protected in social relationships. At other times, however, they attach themselves too quickly to strangers, regardless of self-protection.

Early attachments are directly related to adulthood with the development of certain aspects related to cognition, emotions and behavior, designed to ensure optimal functioning, such as (Levy and Orlans, 2000):

- *Ability to regulate and shape impulses and emotions.* Parents can teach children to control their state of activation and tension by offering alternative behaviors (such as playing, hugging, looking, feeding), the child himself learning ways to self-calm;
- *Development of prosocial values, empathy and morality.* A "good enough" parent favors the internalization of an internal model of social norms, the child showing in his turn compassion, altruism and prosocial values;
- *Developing a solid and positive sense of Self.* In a secure relationship, children learn to differentiate themselves from the Other and to have confidence in their own abilities to cope in the world and in life;
- *Ability to effectively manage stress and adversity.* Children with secure attachments are more resilient and is easier for them to cope with stressful life events, compared to the unsecured who are more exposed to the risk of developing psychopathological characteristics;
- *Ability to create and maintain mutual emotional relationships.* Receiving love and affection from caregivers, children learn reciprocity and self-regulation, become cooperative and aware of the needs of others.

Early developmental traumas such as neglect, physical and emotional abuse, and the inability of the caregiver-child relationship to provide a source of safety and comfort are predictors of disorders not only in the relational setting but also in the school setting.

Attachment and school performance

Several studies have highlighted the relationship between school adaptation and attachment quality. The results show that on a safe relational basis formed in childhood, higher cognitive and psycho-relational skills are built, compared to the situations in which there was a rupture in the mother-child relationship. Children with anxiety disorder, for example, are extremely vulnerable to losing the Object. They become extremely restless, tense and unable to concentrate on cognitive tasks. The emotional area blocks cognitive functioning, and the individual cannot manage this internal tension (Demogeot, 2009). At the neuronal level, there is an over-

activation of the limbic system and a decrease in the activity of the prefrontal cortex, which determines the failure of self-regulation in learning.

The mediating role of attachment is visible from an early age, from an early period of instruction. For example, in a longitudinal study of a sample of 108 children, Moss and St-Laurent (2001) found a significant positive correlation between the quality of the mother-child relationship and cognitive functioning. Evaluated at 6 and 8 years, children with insecure attachments showed lower performance and school motivation compared to the group of children with secure attachment.

An insecure attachment is strongly associated with academic difficulties in middle school too. At this age, children are increasingly shaping their individuality, and an anxious attachment can be a strong interfering factor in the manifestation of cognitive autonomy.

In a comparative clinical study on two groups of children between 6 and 12 years old - with secure attachment and anxious attachment, Demogeot (2009) highlighted the association between psychological factors and anxiety attachment disorder in students in school failure, on several dimensions. The data obtained through quantitative and qualitative psychodynamic research methods revealed that, in these children, a disorder in the *construction of the Object/Other* is present in the first place. In anxious attachment there is no pleasure either in the proximity or in the distance from the object, the relationships being unsatisfactory. Secondly, *the construction of identity* is fragile, children with anxious attachment manifesting difficulties in differentiating themselves from an Other. On the other hand, for those with a secure attachment, the differentiation is more flexible, the body image being well defined. Finally, *the ability to mentalize* is more limited to subjects with insecure attachment. They have inefficient defense mechanisms and fail to symbolize and manage aggressive impulses. Both the detachment of the Other and the psychic restoration associated with separation are difficult. The results of the investigation drew the idea that these children who fail at school do not have intellectual inhibitions, but that the anxious attachment robs them the joy and pleasure of learning. They *are at school without really being there.* Parents who overprotect their children, keep them in a state of dependence and do not offer them the opportunity to build a *transitional school space* in which to fully manifest their creativity, curiosity and thought processes. The school builds a new identity, that of a *developing adult,* or this identity cannot be fully manifested if there is a threat that it will lose its place in the family structure (Flagey, 2002, apud Demogeot, 2009). Parents must free their children from dependency, allow physical separation and authorize investment in the school space, the bridge to the future adult.

In pre-adolescence, insecure attachments work in other ways, not just by blocking cognitive potential. Castro and Pereira (2019) conducted a study on a sample of 305 8th grade students coming from typical classes and support classes for students at school risk. The results obtained from the questionnaires applied to the students showed that the subjects from the remedial classes have a less secure attachment and feel less accepted by the teachers, compared to those from the typical classes. In addition, the quality of the teacher-student relationship quantified by the perception of the level of acceptance and understanding by teachers, is also associated with a higher school performance in both groups of subjects. These interesting data lead to the conclusion that an insecure relational basis in childhood also affects the child's relationship with teachers. Beyond children's outcomes or behaviors, teachers must convey a sense of unconditional acceptance of the child's Self. In this way, it creates the necessary premises for capitalizing on the cognitive potential of students with attachment traumas.

The quality of the attachment relationship is also decisive during adolescence. Age-specific inner anxiety is amplified if they have not internalized safe reference people to refer to

in difficult situations. During high school, situations of school failure associated with attachment disorders are, in addition, a fertile ground for the occurrence of school dropout (Ramsdal, Bergvik and Wynn, 2015).

In terms of academia, early relationships do not seem to be such strong predictors of academic performance. This is probably due to the non-mandatory aspect of the university. Ultimately, it is possible that people who have had good relationships as children or who have succeeded in managing their attachment disorder will opt to a greater extent for university studies. However, at this level, attachment appears to be correlated with self-regulated learning, according to a study of a sample of 185 South African students (Thomas and Viljoen, 2020). Students with secure attachments stated that they can manage their learning to a greater extent, compared to students with insecure attachments, who have lower self-control in planning and performing tasks related to academic learning.

All these data draw attention to the multiple causality of school success or failure. In addition to the psycho-socio-educational factors frequently mentioned in the literature, early attachment is a hypothesis that can be considered in order to prevent the occurrence of school failure. The family safety base is the foundation on which knowledge is built and the necessary skills to adapt to the environment are developed. Children with insecure attachments start with a relational deficit, but from the pedagogical practice it is observed the continued search for closeness and the desire for knowledge. It is therefore important how we address these children and how we can act to support them in developing safer internal operational models.

School intervention in attachment traumas

Following the evidence described above, related to the predictability of school adaptation based on early attachment, the problem of intervention in this area naturally arises. To what extent can we as specialists assist these children in overcoming the effects of traumatic relationships and becoming autonomous adults?

A first direction of intervention would be to identify insecure attachments ahead of time and provide support to families in the harmonious upbringing of children. The child constantly needs to satisfy his needs in a sensitive way, but also needs a personal space, which allows him to create his own identity. By applying questionnaires that measure the types of attachment formed in childhood or through interviews and discussions with primary caregivers we could capture the relational dynamics of students and the extent to which it is associated with school learning.

Secondarily, the professionals the students come in contact with can serve as "good" role models for children. Attachment becomes insecure due to poor relationships, and its restoration is possible through other, secure relationships. The subject must have the chance to mentally represent "good" relational models, to have a relational "filter" through which to select safe relational contexts. As specialists, we can create a secure relational framework, in which the subject learns to manifest itself authentically, without fear or protection. Teachers can also serve as positive role models (perhaps the only positive role model) in the child's development, as people who can be admired and who become factors of resilience.

Finally, children can be supported by learning social and psycho-emotional skills. Basic topics include: assertive communication and conflict resolution, self-control and emotion management, frustration management, fear of abandonment, empathy, self-acceptance, self-esteem, self-protection. All these techniques can help them rationalize a certain situation, look for more solutions and identify and use various ways of self-control. In this way the learning will become more pleasant, the cognitive resources being released by the emotional and relational tensions.

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CHAPTER XVI
Adaptive coping mechanisms and autonomy need satisfaction in the context of the pandemic

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Abstract: Problems and Challenges of the Aging Population of Mala Meeting fundamental psychological necessities may be difficult to sustain, owing to preventative measures such as social separation and full quarantine, which seems to have a significant impact in well-being. Convincing people to remain isolated in their homes caused low satisfaction with autonomy need and high frustration. The theory of fundamental psychological needs is a sub-theory of the theory of self-determination, which is a macro-theory of human motivation. According to this idea, satisfying the requirements for autonomy, interactions, and competence is essential for motivation, optimum growth, effective functioning, and health. Cantarero and colleagues found that changes in addressing the three fundamental psychological requirements had a substantial influence on well-being when they investigated the impacts of fundamental psychological requirements on well-being. Because perceived stress plays a vital role in daily life, several coping strategies have been shown to effectively manage stress and reduce its negative consequences. In this study, coping mechanisms refer to both cognitive and behavioral efforts to alleviate or overcome stressful situations, especially when an automatic response is not readily available. The present study aims to examine the associations between maladaptive coping mechanisms: self-blame and behavioral disengagement and autonomy need saisfaction of the general population, in the context of social constraints caused by the COVID-19 pandemic. Given that few recent studies have addressed how maladaptive coping mechanisms in the general population are associated with autonomy need satisfaction, this study addresses a more general need for research in the field of psychology.

Keywords: The theory of self-determination, satisfaction and frustration of basic psychological needs, the need for autonomy, maladaptive coping mechanisms, behavioral disengagement, self-blame.

1. Meeting basic psychological needs in the context of the pandemic

Meeting fundamental psychological necessities may be difficult to sustain, owing to preventative measures such as social separation and full quarantine, which seems to have a significant impact in well-being (Brooks et al, 2020). Convincing people to remain isolated in their homes has led to low satisfaction of autonomy and frustration of its need (Calvo et al, 2020). Furthermore, the measures enforced have resulted in many individuals losing their employment or working in an unnatural work environment (work from home, or teleworking), as well as students losing their daily activities at schools and institutions that rely on online instruction. All of these factors influenced the fulfilment of the demand for competence. In terms of filling the need for connections, it may be higher due to isolation at home with families, but it may also be more excusable, because remaining at home during the epidemic was not a personal, independent decision.

Only one research on these issues was discovered in the most current literature review conducted during the COVID-19 epidemic. Cantarero et al. (2020) found that changes in addressing the three fundamental psychological requirements had a substantial influence on

well-being when they investigated the impacts of fundamental psychological requirements on well-being. It was discovered that the fulfilment of the desire for competence had the largest impact on well-being, particularly when persons had the option to work as before the epidemic (Cantarero et al., 2020). Their following study revealed that those with more frequent communication via technology had better levels of well-being, which was also impacted by the number of days of limits. This study discovered an intriguing finding: autonomous satisfaction was not consistently relevant in predicting well-being, although the desire for connections and, in particular, competence were (Cantarero et al., 2020).

According to the theory of self-determination (SDT), in order to attain well-being, a person's essential psychological needs must be met: the need for autonomy, the need for competence, and the need for connections (Ryan, So, 2017; Yeung et al, 2017). The desire for autonomy is an underlying human desire for self-sustaining decisions, self-will, and critical thinking (Ryan, So, 2017). The demand for competence relates to the desire to make an influence on the environment, as well as the need to consider oneself as capable of conquering even the most severe problems (Deci & Ryan, 1985). The third need, the need for connections, stems from our inherent want to be cared for and cared for by others (Ryan & So, 2017; So, Ryan, 1985).

The theory of fundamental psychological needs is a sub-theory of the theory of self-determination, which is a macro-theory of human motivation (Ryan, So, 2000). According to this idea, addressing the demands for autonomy, connections, and competence is critical for motivation, optimum growth, effective functioning, and health (Milyavskaya and Koestner, 2011). The demand for autonomy, rather than being field-specific, refers to the desire to regard one's action as volitional and self-sustaining, rather than being coerced or restricted by factors believed to be alien to oneself. Autonomy literally means "self-government," therefore it entails the feeling of self-regulation (Ryan and So, 2004). This is an important element in the suggested relation between self-regulation and satisfying needs since self-regulation is viewed as an organizational function that regulates systemic actions and serves as a basis for autonomy and self-sense (Shogren et al., 2015). The need for connections refers to the want to feel relevant, connected, and cared for by other significant people, as opposed to being alone or alienated from others. The urge for competence, as opposed to ineptitude, refers to the need to experience efficacy, mastery, and skill. Cross-cultural research in numerous situational scenarios, such as education, employment, healthcare, sports, development, and relationships, has demonstrated the benefits of satisfying these demands (Milyavskaya, Koestner, 2011).

Recent study on basic psychological needs has shown a significant contrast between fulfilling and frustrating basic psychological needs, which has resulted in the designation of these notions as independent concepts (Ryan, So, 2017; So, Ryan, 1985; Chen et al, 2015). Needs frustration occurs when social conditions or events interfere with a person's basic psychological needs. As Vansteenkiste and Ryan (2015) pointed out, levels of satisfaction of needs does not always entail frustration of requirements, while frustration of needs always indicates low satisfaction of needs.

It has already been demonstrated that fulfilling fundamental psychological needs is associated with a wide range of favorable outcomes. According to the findings of the studies, addressing needs is connected to motivation for learning (Sakan, 2020), vitality (Gagne et al., 2003), positive mood (Sheldon et al., 2002), sense of self-competence (Deci et al., 2001), lower stress (Quested et al., 2011), and overall well-being (Rahman et al., 2011). This applies the other way around, namely the frustration of psychological needs is related to dysfunctional behaviors (Costa et al., 2015; Costa et al., 2015; Bălăuța et al., 2019; Toderici, 2018; Toderici, 2018). Positive effects on well-being were also identified (Roman et al.,

2020; Rad, Demeter, 2019; Rad, Demeter, 2020; Rad et al., 2019; Breaz, 2020; Iovu, Breaz, 2019; Gavrila -Ardelean, 2020; Costin, Roman, 2020).

Recent meta-analyses have revealed that important life events (including familial and professional events, such as divorce, retirement, migration, marriage, birth) have an impact on subjective emotional and cognitive well-being (Luhmann, et al., 2012). However, it is uncertain if major global events, such as the COVID-19 pandemic, have the same influence on well-being as the personal events enumerated.

2. Maladaptive coping mechanisms

Because perceived stress plays a vital role in daily life, several coping strategies have been shown to effectively manage stress and reduce its negative consequences. These coping mechanisms can become automatic when they no longer require effort, once they are learned (Lazarus, Folkman, 1984). Coping mechanisms can be divided into two categories. The first of these consists of adaptive coping strategies, which traditionally positively affect the lives of those who use them (Folayan et al., 2016). In general, researchers have concluded that such prosocial behaviors can help combat the negative consequences of stress, and stabilize a sustainable well-being (Raposa et al., 2015).

The other form of coping, maladaptive coping, refers to methods that often lead to adverse consequences, including some mental health disorders. Previous research has divided the maladaptive approach into two different categories, emotional, in which individuals respond to a confrontational situation or with an excessive and avoidant emotional response, in which individuals delay the active response to a situation or completely avoid a stressful situation by isolation or high maladaptive behaviors (Folkman, Lazarus, 1984; McHugh, Reynolds, Leyro, Otto, 2013; Folayan et al., 2016). Maladaptive behaviors may include alcohol consumption (Woolman, Becker, Klanecky, 2015), smoking (Mackey, McKinney, Tavakoli, 2008), drug use, excessive use (Feld, Shusterman, 2015) and other unfavorable behaviors. Historically, these coping strategies can lead to negative effects on people's lives, including but not limited to addiction (Furnari et al., 2015).

In this study, coping mechanisms refer to both cognitive and behavioral efforts to alleviate or overcome stressful situations, especially when an automatic response is not readily available (Lazarus, Folkman; 1984). A widely used theoretical framework classifies coping responses in relation to their function (Lazarus, Folkman, 1984). These functions are: to manage or modify the problem that is causing the suffering (problem-oriented coping) and to adjust the emotional responses to the problems (emotion-oriented coping). In general, we need to be careful when differentiating between effective and inefficient coping styles; one style may be effective in some situations and ineffective in others, while the same style may be positive for one person and negative for another. However, research indicates that some coping styles are generally more effective at reducing stress than others. Studies examining the relationship between coping mechanisms and adjustment among adolescents have generally shown that the emotion-based approach, such as avoiding emotions, is associated with emotional and behavioral issues and that the problem-oriented or active approach is associated with few emotional and personal problems (Tolor, Fehon, 1987; Ebata, Moos, 1991; Kliewer et al., 1994; Seiffe-Krenke, 1995; Leong et al., 1997).

The present study aims to examine the associations between maladaptive coping mechanisms: self-blame and behavioral disengagement and the satisfaction of the need for autonomy of the general population, in the context of social constraints caused by the COVID-19 pandemic. Given that few recent studies have addressed how maladaptive coping mechanisms in

the general population are associated with meeting the need for autonomy, this study addresses a more general need for research in the field of psychology.

3. Research methodology

3.1. Objectives and hypothesis

The purpose of this research is to identify the association between satisfying the need for autonomy and the mechanisms of maladaptive coping self-blame and behavioral disengagement, and the extent to which the two mechanisms of maladaptive coping predict the need for autonomy in the context generated by the COVID-19 pandemic.

3.2. Participants

This investigation is a dynamic exploratory research, analyzing the data of 403 Romanian respondents through an online survey on coping mechanisms and the level of satisfaction and frustration of basic psychological needs. Out of the total of 403 participants in this research, 1% of the respondents declared their level of education completed as professional attestation, 14.1% baccalaureate, 34.5% university studies, 43.2% master's degree and 7.2% doctorate. Regarding residence, 25.8% come from rural areas and 74.2% from urban areas.

Regarding the age of the respondents, 11.4% were between 18 and 25 years old, 25.3% were between 26 and 35 years old, 32.8% were between 36 and 45 years old, 24, 3% are between 46 and 55 years old, 4% are between 56 and 55 years old 65 and 2.2% are over 65 years old. 73% of all respondents are women and the remaining 17% are male.

Our research used the opportunistic sampling technique, because the purpose of this investigation is exploratory. The total number of participants was selected consecutively, according to the order of completing the online questionnaire distributed on social platforms, according to the principle of accessibility. The answers were collected between April and June 2020.

3.3. Instruments

The COPE Brief Scale was built on a more extensive instrument. The choice of a shorter scale was chosen due to the redundancy of some of the questions of the whole instrument and due to the too long time to complete it. Items for the COPE Brief scale were obtained based on factor analyzes. Some scales have been renamed: the growth scale has become a positive crop, the focus on and release of emotions has become emotional ventilation, mental disengagement has become self-distraction. The self-blame scale for the whole instrument has been added. The 14 scales obtained are as follows: active coping, planning, seeking instrumental support, seeking emotional support, ventilation, behavioral disengagement, self-distraction, self-blame, positive feedback, humor, denial, acceptance, religion, alcohol/medication (Glăveanu, 2012). Each scale comprises two items and each item is evaluated on a 4-point Likert scale, with higher scores indicating increased use of that specific coping strategy. There is only one score for each scale, without interpreting an overall score (Carver, 1997).

Several studies have proposed different categories of coping based on the results at this scale. This mentions coping styles aimed at solving problems or emotion, adaptive or maladaptive coping, active or avoidant coping. The author of the scale did not specify anything

about the possibility of obtaining secondary types of coping, leaving the users of the scale to generate new categories (DeDios-Sterm, Lee, Nitsch, 2017; Jonason et al., 2020).

The COPE Brief Scale was used in a study to highlight the effect of PTSD on family functioning and to find effective intervention strategies for clinicians in these cases. Using a large group of subjects (n = 722) a confirmatory factor analysis was performed for the scale proposed by Carver. Following the data analysis, a good convergent validity with other measurement scales and a divergent validity with the measurement of social desirability were found. Using another batch of 100 students, adequate internal consistency was found (O'Donnell, 2019). The scale was used to highlight the coping mechanisms used by people suffering from physical or mental illnesses (Ito, Matushimma, 2017). Significant correlations were found between humor, substance use, ventilation, and some clinical values, such as between self-blame and depression or behavioral disengagement and sleep disorders. Another study found the link between active coping and low levels of depression (Park at al., 2006).

In this study, we looked at two mechanisms of maladaptive coping, namely: self-blame and behavioral disengagement. In the first category, people blame themselves for what they have experienced, and the second situation refers to withdrawal from situations and social contacts.

The scale of satisfaction and frustration of basic psychological needs. The theory of self-determination presents three universal psychological needs: autonomy, competence and relationships and suggests that they must be met continuously in order for people to maintain optimal performance and well-being. Scales for meeting basic psychological needs are sets of items that assess the degree to which people feel the satisfaction of these three needs. More recently, questionnaires have been developed that assess not only satisfaction but also frustration, namely, the Scale of Satisfaction and Frustration of Basic Psychological Needs. Research has concluded that satisfying need is associated with well-being, while frustrating need is associated with decreased well-being (Chen et al., 2015).

The scale contains 24 items, the respondents being informed to choose the answer that indicates the extent to which the statement is true, on a Likert scale from 1 to 5, where 1 = Not true at all, 5 = Completely true. To obtain the score by dimensions, the following items will be summed up: Satisfaction of the need for autonomy: 1, 7, 13, 19, Frustration of the need for autonomy: 2, 8, 14, 20, Satisfaction of the need for relationships: 3, 9, 15, 21, Frustration of the need for relationships: 4, 10, 16, 22, Satisfaction of the need for competence: 5, 11, 17, 23, Frustration of the need for competence: 6, 12, 18, 24.

3.4. Research design

Our team performed a multiple regression analysis to predict the declarative value of satisfying the need for autonomy, based on the responses obtained to the maladaptive coping mechanisms: self-blame and behavioral disengagement .

4. Results

Next, in Table 1, we will present descriptive statistics for the variables used in the present research: satisfaction of the need for autonomy (m = 15.46; SD = 2.83), behavioral disengagement (m = 2.59; SD = 1.11), and self-blame (m = 2.91; SD = 1.20).

Table 1: Descriptive Statistics for research variables

		Autonomy need satisfaction	Behavioral disengagement	Self-blame
N	Valid	403	403	403
	Missing	0	0	0
Mean		15.46	2.59	2.91
Median		16.00	2.00	3.00
Std. Deviation		2.837	1.115	1.205
Variance		8.050	1.243	1.453
Minimum		4	2	2
Maximum		20	8	8
Percentiles	25	14.00	2.00	2.00
	50	16.00	2.00	3.00
	75	17.00	3.00	4.00

In Table 2, we present the correlation coefficients obtained. As can be seen, there is a significant direct proportional correlation between the two mechanisms of maladaptive coping: behavioral disengagement and self-blame, r = .293, at a threshold p <0.01.

Table 2. Correlation coefficients between research variables

		Autonomy need satisfaction	Behavioral disengagement	Self-blame
Autonomy need satisfaction	Pearson Correlation	1	-.182**	-.169**
	Sig. (2-tailed)		.000	.001
	N	403	403	403
Behavioral disengagement	Pearson Correlation	-.182**	1	.293**
	Sig. (2-tailed)	.000		.000
	N	403	403	403
Self-blame	Pearson Correlation	-.169**	.293**	1
	Sig. (2-tailed)	.001	.000	
	N	403	403	403

** Correlation is significant at the 0.01 level (2-tailed).

Also in Table 2 it is observed that there are significant negative correlations between the autonomy need satisfaction and the maladaptive coping mechanism of behavioral disengagement, r = -.182 at a threshold p <0.01, as well as between the satisfaction of the need for autonomy and self-blame, r = -.169 at a threshold p <0.01. These relationships mean that as the level of satisfaction of the need for autonomy increases, the use of the two mechanisms of maladaptive coping, behavioral disengagement and self-blame decreases, a result supported by the literature.

Regarding the modeling of predictive factors, we used the regression analysis having as dependent variable the satisfaction of the need for autonomy and independent variables the two mechanisms of maladaptive coping behavioral disengagement and self-blame, to measure how much of the dependent variable is explained by independent variables. .

As described in Table 3, the independent variables IV1, IV2 of our research explain a 4% variance of satisfying the need for autonomy, with both independent variables behavioral disengagement (Beta = -.145, at $p < 0.01$) and self- blame (Beta = -.127 at $p < 0.01$), being calculated as significant predictors, at an F = 10.073, significant at a threshold $p < 0.01$.

Table 3. Linear regression coefficients

Model Summary[b]									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.219[a]	.048	.043	2.775	.048	10.073	2	400	.000

a. Predictors: (Constant), self-blame, behavioral disengagement
b. Dependent variable: autonomy need satisfaction

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	155.168	2	77.584	10.073	.000[b]
	Residual	3080.986	400	7.702		
	Total	3236.154	402			

a. Dependent variable: autonomy need satisfaction
b. Predictors: (Constant), self-blame, behavioral disengagement

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.286	.431		40.149	.000
	Behavioral disengagement	-.369	.130	-.145	-2.845	.005
	Self-blame	-.298	.120	-.127	-2.485	.013

a. Dependent variable: autonomy need satisfaction

Thus, the hypothesis of our study according to which the two mechanisms of maladaptive coping represent significant predictors of satisfying the need for autonomy is confirmed. The more often the two coping mechanisms of self-blame and behavioral disengagement are used, the lower the satisfaction of the need for autonomy, in the context of the pandemic, among the studied population.

4. Conclusions

This study presents some limitations. For example, data is focused on self-reporting. While our data on a variety of variables did not turn out to be dramatically distorted in a negative way, respondents may or may not have underestimated their own attitudes and actions. Despite the fact that we have developed a hypothetically guided nomological network of study variables, it is not possible to draw a clear conclusion regarding causality, namely we have not studied experimentally how decreased satisfaction of the need for autonomy influences maladaptive coping mechanisms, in the context of the pandemic.

Future research could be based on our findings for longitudinal studies to provide a clearer picture of the coping mechanisms that meet the need for autonomy.

When individuals have conflicts with others, they tend to blame themselves to varying degrees, and too much self-blame could be a risk factor for emotional problems. On the other hand, too little self-blame could indicate a reduced ability to accept the perspective of others or a tendency to blame others instead of oneself when experiencing problems and thus be a risk factor for problems. exteriorization.

Behavioral disengagement is a style of coping that reflects the tendency to give up or reduce effort in difficult situations. If individuals give in easily when they face problems, these problems may persist. This situation can lead in time to a vicious circle of negative expectations, low effort and the experience of failure, which in turn could lead to behavioral problems. Frequent use of behavioral disengagement as a coping style could signal that life itself provides little incentive to the individual and, as we have noted, significantly decreases the satisfaction of the need for autonomy.

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CHAPTER XVII: The need for autonomy, denial and self-distraction frustration in the pandemic context

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Abstract: The theory of self-determination (SDT) is a human motivation and personality theory that examines people's fundamental developmental tendencies and psychological requirements. It is concerned with the motivations that drive people's decisions in the absence of outside influence and intervention. SDT is made up of six mini-theories, the most important of which is the theory of fundamental psychological needs, which suggests three fundamental psychological requirements that must be addressed in order to promote well-being and health. These three psychological requirements are ubiquitous: autonomy, competence, and connections. Because perceived stress plays a vital role in daily life, several coping strategies have been shown to effectively manage stress and reduce its negative consequences. In this study, coping mechanisms refer to both cognitive and behavioral efforts to alleviate or overcome stressful situations, especially when an automatic response is not readily available. The present study aims to examine the associations between maladaptive coping mechanisms denial and self-distraction and frustration of the need for autonomy of the general population, in the context of social restrictions caused by the COVID-19 pandemic. Given that few recent studies have addressed how maladaptive coping mechanisms in the general population are associated with autonomy need frustration, this study responds to a more general need for research in the field of psychology.

Keywords: Theory of self-determination, satisfaction and frustration of basic psychological needs, need for autonomy, maladaptive coping mechanisms, denial and self-distraction.

1. Satisfaction of basic psychological needs in the context of the pandemic

The self-determination theory (SDT) is a macro explanation of human motivation and personality that tackles underlying growth tendencies and psychological demands. It is concerned with the motivations that drive people's decisions in the absence of outside influence and intervention. SDT focuses on how self-motivated and self-determined human conduct is (Ryan, Deci, 2000; Ryan, Deci, 2012; Ryan, Deci, 2017).

SDT research evolved in the 1970s as a result of studies comparing intrinsic and extrinsic motivations, as well as a growing understanding of the crucial position that intrinsic motivation managed to play in personal behavior (Lepper, Greene, Nisbett, 1973). Deci and Ryan did not formally define SDT until the mid-1980s in their book "Self-Determination and Intrinsic Motivation in Human Behavior". Since the 2000s, there has been a significant increase in research using SDT in various fields of social psychology and education.

Among the key studies that contributed to the emergence of SDT was research on intrinsic motivation (Deci, 1971). Intrinsic motivation is defined as starting an activity because it is interesting and satisfying in and of itself, as opposed to starting an activity to reach an exogenous purpose (extrinsic motivation). Motivations have been classified into taxonomies based on the degree to which they are internalized. Internalization is the active attempt to

reshape an extrinsic reason into individually persistent values and thus integrate previously external behavioral regulations (Ryan, 1995).

Deci and Ryan further expanded on their early research to distinguish between intrinsic and extrinsic motivation, and proposed three major intrinsic needs involved in self-determination (Deci, Ryan, 1991; Deci, Ryan, 1995). Three basic psychological needs, according to the authors, motivate the initiation of a behavior and maintain individual health and psychological well-being: autonomy, competence, and relationships (Deci, Ryan, 1991; Deci, Ryan, 1995).

SDT is made up of six mini-theories, the most important of which is the theory of fundamental psychological needs, which suggests three fundamental psychological requirements that must be addressed in order to promote well-being and health (Chen et al., 2015; Vansteenkiste, Ryan, 2013). These three psychological needs for autonomy, competence, and relationships are universal, meaning that they apply to all people and situations. Some needs, on the other hand, may be more obvious than others at times, and they may be expressed in different ways depending on time, culture, or experience. Three innate needs identified by SDT, when met, allow for optimal functioning and growth, which we will discuss further.

Autonomy is the wish to be the primary cause of one's own existence and to behave in accordance with one's integrated self. This does not imply independence from others, but rather a sense of psychological freedom and inner willpower. Self-motivation improves a person's performance, well-being, and commitment. Instead of just telling someone what to do, control motivation (Deci, Vansteenkiste, 2004; Van Assche et al., 2018; Deci, 1971).

Research on intrinsic motivation was one of the key studies that contributed to the development of SDT (Deci, 1971). Intrinsic motivation refers to starting a task because it is fascinating and enjoyable in and of itself, rather than doing it to attain an external purpose (extrinsic motivation). Motivations have been classified into a taxonomy based on how internalized they are. Internalization is the purposeful endeavour to convert an extrinsic motivator into individually sustained ideals and therefore incorporate previously external behavioral norms (Ryan, 1995).

Ryan went on to distinguish between intrinsic and extrinsic motivation in his later investigations, and postulated three key intrinsic demands involved in self-determination (Deci, Ryan, 1991; Deci, Ryan, 1995). Three primary psychological demands, according to the authors, drive the commencement of a behavior and preserve individual health and psychological well-being. The universal and intrinsic desire for autonomy, competence, and connections is one of these requirements (Deci, Ryan, 1991; Deci, Ryan, 1995).

The theory of fundamental psychological needs, which offers three fundamental psychological requirements that must be addressed to promote well-being and health, is one of six mini-theories in SDT (Chen et al., 2015; Vansteenkiste, Ryan, 2013). These three psychological requirements for autonomy, competence, and connections are universal, meaning they apply to everyone and situations alike. Some needs, on the other hand, may be more visible than others at times, and they may be expressed in different ways depending on time, culture, or experience. SDT finds three intrinsic requirements that, when addressed, allow for optimal functioning and growth, which we shall discuss further below.

Autonomy is the desire to be the cause of one's own existence and to behave in accordance with one's integrated self. This does not imply independence from others, but rather a sense of psychological freedom and inner willpower. Self-motivation improves a person's performance, well-being, and commitment. Rather of telling someone what to do, regulate motivation (Deci, Vansteenkiste, 2004; Van Assche et al., 2018; Deci, 1971).

Whether the connection is fulfilling or unsatisfying, it either encourages or hinders psychological development. In both cases, the fundamental need for care in a social setting extends beyond apparent and easy interactions and encourages the realization of one's innate potential (Inguglia et al., 2018).

There are beneficial effects (well-being and progress) if this occurs, but there are negative repercussions if it does not (dissatisfaction and dissatisfaction). People's innate inclination toward positive motivation, progress, and personal fulfillment is emphasized in SDT (Schüler et al., 2019). However, this hinders development if basic needs remain unmet. Despite the fact that dissatisfaction might stem from a person's basic requirements, new research suggests that such avoidance has its own impact on happiness (Vansteenkiste et al., 2006). Positive effects on well-being were also identified (Roman et al., 2020; Rad, Demeter, 2019; Rad, Demeter, 2020; Rad et al., 2019; Breaz, 2020; Iovu, Breaz, 2019; Gavrila-Ardelean, 2020; Costin, Roman, 2020).

Recent studies have shown that major life events (both family and professional events, such as divorce, retirement, migration, marriage, birth, etc.) have effects on subjective affective and cognitive well-being (Luhmann, et al., 2012). However, to date, it is unclear whether critical global events, such as the COVID-19 pandemic, have a similar effect on well-being as the life events listed above.

2. Disadaptive coping mechanisms

Coping is the deliberate effort put forth by an individual to address personal and interpersonal difficulties, as well as to manage, limit, and tolerate stress and conflict (Weiten, Lloyd, 2008; Snyder, 1999; Zeidner, Endler, 1996; Cummings et al., 1991).

Psychological coping mechanisms are sometimes known as coping skills or coping strategies. Adaptive (constructive) coping mechanisms, or stress-reduction measures, are often referred to as coping. If stress levels rise, new coping techniques may be devised as maladaptive. As a result of its consequences, maladaptive coping is often referred to as non-coping. Furthermore, the term coping is often used to refer to reactive coping, or the coping reaction that occurs as a result of a stressor. A coping reaction varies from proactive coping in that it tries to eliminate a future stressor. Generally, unconscious or subconscious techniques (defense mechanisms) are not included in the co-creation process.

Coping efficacy is determined by the type of stress, the individual, and the situation. Personality (common qualities) influences coping responses, but the social environment, particularly the type of the stressful setting, also has a role (Carver, 1997).

People usually utilize a combination of coping mechanisms, which might alter over time. While any of these tactics may be beneficial, others suggest that people who utilize problem-oriented coping mechanisms adapt to life better. Individuals with problem-oriented coping methods have more control over their problems, whereas those with emotion-oriented coping have less perceived control, maladaptive coping. While adaptive coping techniques increase functioning, maladaptive coping techniques lessen symptoms while maintaining or increasing the stress component. Maladaptive coping mechanisms are only useful as a short-term coping mechanism, not as a long-term one. Dissociation, awareness, safety practices, anxiety avoidance, rationalization, and esoteric behavior are examples of maladaptive behavior methods.

These coping mechanisms make it difficult for the person to understand or comprehend the link between the circumstance and the anxious symptoms that accompany it. Because they help to keep the condition going, these are maladaptive methods. The ability of the mind

to compartmentalize and separate ideas, memories, and emotions is referred to as dissociation. This is frequently linked to post-traumatic stress disorder (PTSD). When a person wants to learn about, replicate, or predict scary situations in order to avoid them from happening in the first place, this is referred to as awareness. Individuals with anxiety disorders engage in safety behaviors when they learn to rely on something or someone to help them cope with their excessive worry.

Rationalization is the process of attempting to use logic to reduce the intensity of an experience or avoid dealing with it in a way that might result in psychological trauma or stress. It usually takes the form of apologies for the rationalizer's or other people involved in the scenario that the rationalizer is attempting to rationalize's actions. Anxiety avoidance is when a person makes every effort to avoid events that induce anxiety. Avoidance and escape are inextricably intertwined. People who suffer from panic attacks or phobias frequently display this method. At the first indication of anxiousness, these individuals want to flee the situation.

Coping behaviors and strategies have traditionally been dichotomized into categories, such as problem-focused versus emotion, functional versus dysfunctional, approach versus avoidance, engagement versus disengagement, and primary versus secondary control. Lazarus and Folkman's (1984) method of classifying coping behaviors into problem or emotion orientation is the most famous and used to study coping. Some behaviors, such as planned problem solving, can be labeled as coping with problems and can refer to actions aimed at eliminating the stressor or reducing its impact. On the other hand, behaviors such as distancing, self-control, acceptance of responsibility, escape/avoidance, and positive reassessment can be classified as emotion-focused coping that alludes to actions to prevent, minimize, or reduce emotional distress caused by stressful situations. Endler and Parker (1990) suggested the addition of a third set of strategies called avoidance strategies, which are focused on avoiding stressful situations by seeking the company of others or by engaging in various activities.

However, there is some agreement on the existence of a second-order dimension, such as adaptive or maladaptive coping (Campos et al., 2004; Carver, Scheier, Weintraub, 1989). Adaptive forms of coping include direct coping, if the problem can be solved, reassessment, emotional expression and non-repressive self-control. The maladaptive dimension includes the rigid dysfunctional approach (rumination, emotional evacuation/discharge, and confrontation) and the rigid maladaptive avoidance, based on abandonment, social isolation, inhibition, and emotional suppression (Connor-Smith, Flachsbart, 2007). For example, religion has been considered in some studies as a maladaptive strategy (Reich, Costa-Ball, Remor, 2016), while in other studies it appears with an adaptive value (García, Páez, Cartes, Neira, Reyes, 2014; Park et al., 2004) pointed out that problem-oriented strategies are appropriate if the stressor is controllable, while emotion-focused strategies are appropriate if the stressor seems uncontrollable. On the other hand, avoidance strategies would allow a gradual recognition of the threat, which could also be positive in case of uncontrollable situations (Rodríguez, Pastor, López, 1993).

3. Research methodology

3.1. Objectives and assumptions

The aim of this study is to identify the association between autonomy need frustration and maladaptive coping mechanisms, denial and self-distraction, and the extent to which the two maladaptive coping mechanisms predict frustration of autonomy need in the context of the COVID-19 pandemic.

3.2. Participants

This investigation is a dynamic exploratory research, analyzing the data of 403 Romanian respondents through an online survey on coping mechanisms and the level of satisfaction and frustration of basic psychological needs. Out of the total of 403 participants in this research, 1% of the respondents declared their level of education completed as professional attestation, 14.1% baccalaureate, 34.5% university studies, 43.2% master's degree and 7.2% doctorate. Regarding residence, 25.8% come from rural areas and 74.2% from urban areas. Regarding the age of the respondents, 11.4% were between 18 and 25 years old, 25.3% were between 26 and 35 years old, 32.8% were between 36 and 45 years old, 24, 3% are between 46 and 55 years old, 4% are between 56 and 55 years old 65 and 2.2% are over 65 years old. 73% of all respondents are women and the remaining 17% are male.

Our research used the opportunistic sampling technique, because the purpose of this investigation is exploratory. The total number of participants was selected consecutively, according to the order of completing the online questionnaire distributed on social platforms, according to the principle of accessibility. The answers were collected between April and June 2020.

3.3. Instruments

COPE Brief Scale. Several scales have been designed to measure coping strategies (Ways of Coping Scale, Lazarus & Folkman, 1984; Measure of Affect Regulation Styles, Larsen & Prizmic, 2006; Inventory-Revised Coping Schemas, Wong, Reker & Peacock, 2006) . One of the most popular is the COPE (Coping Orientation to Experienced) Inventory (Carver et al., 1989), a multidimensional inventory comprising 15 scales composed of 4 items each. Given the problematic extension of the original tool, Carver (1997) presented an abbreviated version, Brief-COPE, which has been widely used in health contexts. This tool has 14 subscales composed of 2 items each: (a) acceptance means accepting the reality that happened/learning to live with experiences; (b) emotional support is gaining emotional support, comfort and understanding; (c) humor means making jokes about, having fun with the situation; (d) positive reformulation tries to see the situation in a different light, to make it look more positive, to look for something good in it; (e) religion finds comfort in religious or spiritual beliefs, prayer or meditation; (f) active coping is the focus of efforts to do something about the situation, to take steps to try to improve it; (g) instrumental support is getting help and advice from others, trying to get advice or help from others on what to do; (h) planning tries to come up with a strategy on what needs to be done, think about what steps to take next; (i) behavioral detachment, giving up trying to cope with it; (j) denying "this is not real", refusing to believe that it has happened; (k) self-distraction means going to work or other activities to stop thinking about the situation, to do something to think less about the situation; (l) self-blame means self-criticism, blaming oneself for what has happened; (m) substance use is the use of alcohol or other drugs to make oneself feel better; (n) ventilation means saying things that let unpleasant feelings flow, express negative feelings.

Carver (1997) classifies strategies of acceptance, emotional social support, humor, positive framing, and religion as emotion-centered. On the other hand, active coping, instrumental support and planning are considered problem-oriented strategies. Finally, behavioral detachment, denial, self-distraction, self-blame, substance use, and ventilation are considered dysfunctional coping strategies.

Given that coping strategies can be classified as adaptive or maladaptive depending on various factors, there is sufficient empirical evidence to suggest which are most commonly related to emotional distress or well-being. To this end, Meyer (2001) classified the strategies

measured by Brief-COPE in the maladaptive approach, which included ventilation, denial, substance use, behavioral detachment, self-distraction and self-guilt, and adaptive coping, including positive reformulation, planning and seeking social support, active coping, using emotional and instrumental support, acceptance, religion, and humor. Moreover, Meyer (2001) found that maladaptive strategies are more strongly associated with mental health problems, such as depression. On the other hand, adaptive strategies have a stronger relationship with psychological well-being. Consequently, it was found that maladaptive strategies are related to perceived stress and adaptation to life satisfaction (Alveal and Barraza, 2015).

The scale of satisfaction and frustration of basic psychological needs. The theory of self-determination presents three universal psychological needs: autonomy, competence and relationships and suggests that they must be met continuously in order for people to maintain optimal performance and well-being. Scales for meeting basic psychological needs are sets of items that assess the degree to which people feel the satisfaction of these three needs. More recently, questionnaires have been developed that assess not only satisfaction but also frustration, namely, the Scale of Satisfaction and Frustration of Basic Psychological Needs. Research has concluded that satisfying need is associated with well-being, while frustrating need is associated with decreased well-being (Chen, et al., 2015).

The scale contains 24 items, the respondents being informed to choose the answer that indicates the extent to which the statement is true, on a Likert scale from 1 to 5, where 1 = Not true at all, 5 = Completely true. To obtain the score by dimensions, the following items will be summed up: Satisfaction of the need for autonomy: 1, 7, 13, 19, Frustration of the need for autonomy: 2, 8, 14, 20, Satisfaction of the need for relationships: 3, 9, 15, 21, Frustration of the need for relationships: 4, 10, 16, 22, Satisfaction of the need for competence: 5, 11, 17, 23, Frustration of the need for competence: 6, 12, 18, 24.

3.4. Research design

Our team performed a multiple regression analysis to predict the declarative value of frustrating the need for autonomy, based on the values obtained from the mechanisms of maladaptive coping denial and self-distraction.

4. Results

Next, in Table 1, we will present the descriptive statistics for the variables used in this research: frustration of the need for autonomy (m = 10.81; SD = 3.44), self-distraction (m = 5.69; SD = 1, 41), and denial (m = 3.37; SD = 1.40).

Table no 1. Descriptive statistics of the study variables

	N	Minimum	Maximum	Mean	Std. Deviation	Variance
Frustration of the need for autonomy	403	4	20	10.81	3.443	11.855
Self-distraction	403	2	8	5.69	1.416	2.005
Denial	403	2	8	3.37	1.407	1.979
Valid N (listwise)	403					

In Table 2, we present the correlation coefficients obtained. As can be seen, there is a significant positive correlation between the two maladaptive coping mechanisms: self-distraction and denial, r = .124, at a threshold p < 0.01.

Table no 2. The correlational matrix of the study variables

		Frustration of the need for autonomy	Self-distraction	Denial
Frustration of the need for autonomy	Pearson Correlation	1	.116*	.141**
	Sig. (2-tailed)		.020	.005
	N	403	403	403
Self-distraction	Pearson Correlation	.116*	1	.124*
	Sig. (2-tailed)	.020		.013
	N	403	403	403
Denial	Pearson Correlation	.141**	.124*	1
	Sig. (2-tailed)	.005	.013	
	N	403	403	403

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Also in Table 2 it is observed that there are significant positive correlations between autonomy need frustration and the mechanism of maladaptive coping self-distraction, r = .116 at a threshold p < 0.05, as well as between the frustration of the need for autonomy and the mechanism of maladaptive coping denial, r = .141 at a threshold p < 0.01. These relationships mean that as the level of frustration with the need for autonomy increases, so does the use of the two maladaptive coping mechanisms of self-distraction and denial, a result supported by the literature.

Regarding the modeling of predictive factors, we used the regression analysis having as dependent variable the frustration of the need for autonomy and independent variables the two mechanisms of maladaptive coping self-distraction and denial, to measure how much of the variance of the dependent variable is explained by independent variables.

As described in Table 3, the independent variables IV1, IV2 of our research explain a 3% variance of frustration of the need for autonomy, with both independent variables self-distraction (Beta = .100, at p < 0.01) and denial (Beta = .129, at p < 0.01), being calculated as significant predictors, at an F = 6.144, significant at a threshold p < 0.01.

Table no. 3. Linear regression coefficients

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.173[a]	.030	.025	3.400

a. Predictors: (Constant), denial and self-distraction

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	142.044	2	71.022	6.144	.002[b]
	Residual	4623.623	400	11.559		
	Total	4765.667	402			

a. Dependent Variable: autonomy need frustration
b. Predictors: (Constant), denial and self-distraction

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.364	.773		10.815	.000
	Self-distraction	.244	.121	.100	2.018	.044
	Denial	.315	.121	.129	2.594	.010

a. Dependent Variable: autonomy need frustration

Thus, the hypothesis of our study according to which the two maladaptive coping mechanisms represent significant predictors of frustration of the need for autonomy is confirmed. The more often the two coping mechanisms of self-distraction and denial are used, the more frustration the need for autonomy increases, in the context of the COVID-19 pandemic.

4. Conclusions

Our study has several limitations, the first of which is that the data are focused on self-reporting. Although the regression analysis obtained a statistically significant result, namely 4% of the variance of frustration of the need for autonomy, is explained by the two mechanisms of maladaptive coping self-distraction and denial, it is not possible to shoot a clear conclusion regarding causality, namely we did not study experimentally how it influences the mechanisms of maladaptive coping, the increase of frustration of the need for autonomy, in the context of the pandemic. Future research could build on our findings for longitudinal studies to provide a closer look at the coping mechanisms that frustrate the need for autonomy.

Distraction involves the use of behaviors such as watching TV shows or movies, exercise, reading or engaging in other enjoyable activities in order to distract from the stressful event. Distraction is a strategy of passive adaptation in that the person copes without directly confronting the situation or trying to solve the problem. Distraction is sometimes conceptualized as an accommodative or secondary tactic to combat control (Connor-Smith et al., 2000; Skinner et al., 2003), which involves changing goals to accept failure, unpleasant circumstances, or other problems (Brandstadter, Rothermund, Schmitz, 1977). Similarly, secondary control involves changing reactions in relation to the environment, while primary control involves controlling the environment itself (Bailis, Chipperfield, 2002). When faced with a situation where a stress factor is inevitable, individuals can distract themselves from the situation, a secondary control strategy.

Whether or not distraction is considered adaptive and effective depends on the situation. To the extent that the situation cannot be changed, distraction can be helpful. For example,

accommodative coping strategies appear to be more beneficial for people after the age of 70, possibly because fewer stressors are under the control of people after that age (Brandstadter et al., 1997) and thus people consider that it is useful to change their goals to suit their situation. One of the ways people can get their minds off the pain, worries or other difficult circumstances that are associated with aging is by using distraction techniques.

With the exception of one study that found that people with a high level of self-compassion were no longer likely to try to do things to get their minds off negative events (Leary et al., 2007), research did not provide information. about how compassion could be linked to the use of distraction as a means of coping with difficult and painful events. One question that needs to be addressed is whether distraction is more adaptive to unchanging stressors. Perhaps people who are self-pitying are more likely to use distractions in the first place when conditions cannot be changed.

Denial is a common coping strategy that everyone uses to some extent to avoid uncomfortable feelings. For example, a delay in going through a painful process until there are sufficient resources to deal with the situation is a healthy form of denial. Denial can take many forms, among which we mention: projection, rationalization, intellectualization, minimization, suppression, retreat, geographical relocation, emotional thinking, magical thinking.

In the context of the current pandemic, it is extremely important to identify these maladaptive coping mechanisms and manage them, so as not to amplify the frustration of the need for autonomy.

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CHAPTER XVIII
Supportive techniques in assisting, advising and choosing a career. Guidelines for choosing a profession that brings good satisfaction, according to Adlerian psychologist Wes Wingett

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Motto: "Look at the man how it moves among people. This is the mark of his health." (Adler)

I. Preliminary considerations on the individual (Adlerian) psychology

Social interest, in individual psychology, is the very essence of the goal of therapy. The person comes to the psychotherapy or counselling office "driven" by his private logic, based on acquisitions in most cases unconscious and well-fixed in time, and because this particular logic of seeing and living life often contradicts the social interest or with common sense or with the interests of another/others significant to it, it suddenly realizes that it "has problems". Learning that person to "move" towards the common interest, towards the fulfilment of his interests, but simultaneously with those of other individuals, is what defines the very purpose of individual psychology and, at the same time, brings him, to a significant extent, exceptional results and almost unsurpassed fame.

In individual psychology, the extent to which an individual is interested in achieving the goals of his or her peers is the same extent that he or she is suitable for social functioning and adapted to life in society. Conformable Breaz A.M. and Demeter E1. as the orientation of the individual towards the needs of others is very important both for the people who come to the office as clients and, at the same time, for the other people around them, orienting the clients towards the realization of the social interest proves to be of vital importance. In this sense, how they "move" on the three tasks of life (work, couple/family and relationships with the group of friends/society) is the clearest indicator that can specify how they succeed or "stumble" these people in their lives and in the desire to accomplish these tasks. In this sense, Adler has always expressed that responsibility is very important, and the right choices are based on common needs, common goals, and common interests.

The private logic of the counselled person represents how he understands and, therefore, interprets what happens to him in life, on all these three tasks of life. This particular logic comes from his/her childhood and is usually formed until the age of 12, through the process of taking as true many conceptions of life of parents or other close people, expressed by them, added to their own limited understanding of life, filtered by the child's perceptions, depend-

1 Breaz, M.A., Demeter E., (2020), *Strategii de coping și maturizare emoțională la adolescenți: studiu correlational,* vol. Vulnerabilități in asistenta sociala, Editura Presa Universitara Clujeana, ISBN, 978-606-37-0827-5

ing on various factors. This particular logic of the individual, although it appears to be functioning properly during his/her childhood, begins to "fail", not to function in the same way during adolescence, and after that, in adulthood, causing various sufferings. The person is surprised to find that what he used to do as a child no longer helps him, that the world is different from what he learned it is and, in general, that his/her particular logic no longer helps him to understand what is happening in the world, preventing it from functioning properly. On the other hand, in this situation, if we are to look for a standard and a solution, common sense is a very appropriate indicator in order to designate what is appropriate as a deed, attitude, etc., in relations to other individuals. What is useful to other individuals and does no harm to anyone is the most appropriate indicator as a way of behaving, much more appropriate than billions of particular logics that, as a whole, all refer to an "I" of the bearers, who wants to be more important than "we". This necessity of the transition from "I" to "we" belong to the very essence of individual psychology.

As Adler put it, "If we oppose common-sense judgment and particular logic, we will find that common sense judgment is usually closer to the truth. We use common sense to distinguish between good and evil, and while we make mistakes in a complicated situation, mistakes tend to correct themselves. But those who always see only their own interest cannot distinguish as easily as others between what is right and wrong." (2013: 18).

The lifestyle of each individual is observed in the way that the individual "handles" the three main tasks of life: couple/family, work and friends/society. Of all three, what we call community feeling is best tested in the couple/family task, a feeling that is the very basis of a healthy lifestyle.

An in-depth analysis of the client's lifestyle can give us an understanding of how he acquired unconscious acquisitions during childhood, which later led to the formation of his/her particular logic and which can strongly disrupt the individual in his/her process of coping properly with these life tasks. The way in which an individual perceived, understood, processed and constructed some beliefs about himself/herself, the world and life, ethical and moral beliefs as well as the self-ideal is given by the influence of many factors, of which a decisive role is played by the family constellation and his memorable observations, as well as the way in which he managed to fulfil those important needs of attention and to be significant in the family of origin.

Conformable, Breaz A.M., this generates the child's line of movement, later taken over by the adult, along with life, a line of movement that always has particular characteristics, aimed at certain goals that he sets, goals that may be appropriate, useful to him and others, or, on the contrary, inadequate2. If this line of movement proves to be a source of suffering for the individual and is not interrupted by adequate counselling/psychotherapy, then it will tend to continue as it has formed that course of action until then, bringing suffering to one or more of the three tasks of the life of that person, whom he used when he was a child, but who at present no longer properly helps him to fulfil his purposes. In this sense, Adlerian type counselling/psychotherapy is really very useful.

A special role should be given to the understanding that the individual is constantly seeking to fulfil a certain unconscious purpose. During the period when the child is very small, by his own relation to the dimensions and possibilities of action of the adults around him (usually the parents), he sees himself as inferior and, therefore, develops a natural feeling of inferiority, specific to the situation. This usual perception is strengthened for him by observing and at the same time comparing his physical and mental possibilities with those of adults,

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2 Breaz, M.A. (2019), *Formation of personality, Parental counseling for a better parent-child relationship, Problems of engineering pedagogic education*

but also in relation to possible older siblings. The child grows up, therefore, having this typical apperception, wanting and trying to compensate the perceived inferiority either by an increase of his/her own possibilities to do some things on the side where he "feels" inferior to others or, if the first option is not possible, striving to "overcompensate", in particular, to become very good in a different field, so as to find and prove his superiority. We repeat, being present in all people, this inferiority we are talking about is considered to be "normal".

The search for superiority in relation to others, therefore, dominates the existence of the individual. If a good conjuncture or his own efforts, often exceptional, support him to succeed in finding it, he will rest for a while, but after a while, after that satisfaction has passed, he will again seek something that will make him feel/have/gain this desired superiority so that this search becomes a perpetual one in the absence of a more appropriate approach. Since it is clear that only very few people can prove superior to others all the time, and even then not in too many areas, if this superiority will not be found through compensation or overcompensation, then the individual will categorically reject what he lives here and now as something essentially unsatisfactory for him and he will want to project himself into a future time where he can say "I will show you what I can and who I am ...", "Then I will succeed too, I will also have ...", "Then I will be someone", etc. In fact, the more unpleasant/unsatisfactory his current life seems to him and the greater his frustrations is, the more likely he is to live with the thought permanently oriented towards a more distant future in time. In the process, that "normal" feeling of inferiority experienced by the child can turn into an abnormal one of inferiority for the adult child, sometimes even into a real inferiority complex in which, after a long period of time, the person in question fails to overcome it through his/her repeated efforts. The brilliant way out of Alfred Adler is the orientation of individual towards the social interest, which can bring him both that much sought after "superiority", in fact, a desired social utility, and, at the same time, the recognition of this utility by other members of the society to which he belongs.

In practice it has been repeated many times that the following aspects are of enormous importance:

A) The greater the distance between those self-beliefs of the individual and his/her ideal self, the greater will be, at the same time, his/her feeling of inferiority. Clearly, the distance in question can be reduced either by increasing the level of self-belief by bringing them to an appropriate level and reality, or by lowering the level of a constituted self-ideal that is often unrealistically high;

B) The greater the distance between the individual's self-belief and his/her moral beliefs, the greater his/her sense of guilt. Clearly, this distance can be reduced either by increasing the level of the individual's self-beliefs or by lowering the level of his/her moral beliefs to a level where they are more "friendly", "normal", more appropriate to his/her life situation and even reality;

C) The greater the distance between the individual's self-belief and his/her beliefs about others, about the world and life, the greater his/her sense of inadequacy. We, the humans, are much more alike than different, so reducing the distance we mentioned here can be done appropriately through the process of understanding correctly and appropriately what we are, as individuals, and who or what the others are, what/how the world is and what/how life is.

These three similar feelings, of inferiority, guilt and inadequacy, are usually found together, well connected, and therapy aimed at one can weaken/diminish the other two.

Also of great importance and with a great impact is what we call the "work" of a human in order to end the struggle with himself/herself. The content of the self-ideal is generally found in "what I have not succeeded", as well as "the desire to have more of what I managed to achieve". In this context, the right direction of growth should not be towards the ideal self, but towards what we can be or do, which will increase the self, but in a different direction. Nowadays, individuals are often deprived of the basic idea that they are good enough as they are and, consequently, very often, those who are in a position to be parents transmit this doubt to their children in an undesirable way. In the process of self-realization, individuals have a real self and move toward self-realization, but individuals who experience the state of self-alienation experience have a permanent conflict between their ideal self and their hated self. According to Carl Rogers, the individual has two basic needs: 1) to be appreciated (unconditionally) and 2) to develop, so that if the ideal self is not synchronized with what is happening to him in the present time, to produce the phenomenon of incongruity, which makes self-updating very difficult. In fact, the ideal self is a typical way of illustrating how the individual sees for the purpose of overcompensation, although there are many other qualities in the direction in which the individual in question can go for this purpose. By supporting him in this direction, helping the individual to gain (regain) his/her vocation and to discover (rediscover) his/her talents, abilities, unknown qualities, the counsellor/psychotherapist can be useful in fulfilling his/her desire to succeed in manifesting his/her originality and creativity, with direct effects on his/her quality of life, as well as on the relationships that the individual in question has with other members of his/her family or society.

II. Some guidelines for choosing an occupation/profession that brings good satisfaction, according to Adlerian psychologist Wes Wingett

The Adlerian American psychologist Wes Wingett, in his courses held in Romania, where he returns periodically, insists on the following considerations:

In choosing his/her vocation, his/her trade/occupation/profession, the individual should take into account the beliefs of the child who was himself/herself, in order to be able to choose something that would satisfy him. Life beliefs from childhood, as they were appreciated as pleasant and satisfying for the child, will be found in an overwhelming proportion in the beliefs of the adolescent/young person/adult about what kind of activity/profession would bring him great satisfaction. We are not interested now in whether this is a popular one, well paid, well rewarded socially or one in counter-trend, but we are only interested in what the child from which that adult evolved considered to satisfy him as an activity.

In the sense shown above, Wes Wingett usually asks **three basic questions,** each of which is accompanied by other helpful questions for the counsellor in order to understand and correctly interpret the beliefs, the questions being the following:

1. **When you were 5 – 6 – 7 years old, what did you want to do when you were older?** Why?;
2. **When you were 5 – 6 – 7 years old, from when you left home in the morning for school and until you returned home from school, what were your most enjoyable activities? (Here he explains to the subject that it refers also to the time of going to school, to class hours, to breaks, and, in general, to any activities that the child enjoyed).** What did you like to do the most? Did you do this alone or with other children? How did you proceed?

3. **When you were 5 – 6 – 7 years old, how did you see your future when you grew up?** How did you see your life going when you grew up, how did you imagine it? Please describe it to me.

Note: If to any of these questions, the subject does not remember what he thought/wanted at 5 – 6 – 7 years of age, then he is asked to answer the questions in question for slightly older age, even up to the age of 12 – 14. The same is done if he gives answers about the age of 5 – 6 – 7 years, but completes with what he wanted to do after this age, in the next period of childhood…

Interpretation

1) **To the first question (together with the guiding questions): the answers given will be interpreted as important beliefs of the child about which guidelines should carry out an activity (paid or not), which would satisfy him, extracting what is essential, as follows:**

   - if he says that he wanted to become a "policeman", there will be annotations of the kind: the desire for power, the authority over others, the desire to help people, the desire to wear a uniform, the desire for respect, etc.;
   - if he says "doctor", the following will be noted: the desire to help people, the desire to wear a uniform, the desire for respect from others, etc.;
   - if he says "footballer", the following will be noted: the desire to move, the desire to manipulate objects (resulting from handling the ball), the desire to work in a team/collective group, the desire to succeed in what he set out to do, the desire for attention/admiration from others (to be seen, admired), etc.;
   - if she says "ballerina", it will be noted: the desire to move, the desire to use her body forces (physical, manual power, etc.) in some activities, the desire to be admired, etc.;
   - if he says "seller", it will be noted: the desire to work with money (to raise/have a lot of money), the desire to handle objects (goods), the preference to work in a small space (does not feel the need to have a service that involves movement), the preference to work alone with clients (without the need for a team, colleagues/collective group), etc.;

2) **To the second question (together with the guiding questions): the answers given will be interpreted as important convictions of the child as to which guidelines should carry out an activity (paid or not), which would satisfy him, extracting what is essential, as follows:**

   - if he says that he liked "the way to school, which he did with other children, with which he talked about many things", it will be noted: the desire to move, the desire to communicate with other people, the desire to work together with other people/in the collective group, etc.;
   - if he says that he liked sports/football lessons, it will be noted: working with objects (resulting from handling the ball), the workout, working in a collective group/team, etc.;
   - if he says that he liked "to build constructions from cubes or other pieces, by himself", it will be noted: working with objects, the desire to make his/her own creations, working alone/solitary, working in a small space, well determined/in an office, etc.;

- if he says that “he liked the …. classes, because he did nothing and it was easy for him”, it will be noted: the desire to have a light/unsolicited work/without special tasks, the desire to have a job in which he has the freedom to do what he wants/to work less/unsupervised, etc.;
- if he says that “he liked when they skipped classes/were not doing classes and walking in the schoolyard and everyone was talking about anything”, it will be noted: the desire to be able to leave work at any time/to have freedom, the desire to be able to talk anytime with colleagues/permanent communication, etc.

3) **To the third question (together with the guiding questions): the answers given will be interpreted in the same way as in the first two, as important beliefs of the child as to which guidelines should carry out an activity (paid or not), which would satisfy him, extracting what is essential, as follows:**
   - if he says that “he sees himself in the future as having a lot of money, travelling the world and marvelling at what he sees”, it will be noted: the desire to be well paid/to have money, the desire to move/have a job which implies mobility, the desire to know new things/places, etc.;
   - if he says that “he sees himself as having a spacious, luxurious house, where he is with his wife and children and they all feel good sitting together and talking”, it will be noted this by being translated into the work plan, as follows: the desire to work in a clean, well-appointed, spacious environment; the desire to work at the job with one or more people with whom to feel good/close friends, the possibility to have long conversations with friends at work, etc.;
   - if he says that “he sees himself as being alone”, it will be noted: the desire to work alone/possible occupation as a freelancer, etc.;
   - if he says that “he saw himself in a group of children, making decisions and others did what he wanted”, it will be noted: the desire to lead, the desire to make their own decisions, the need to work in a group, the need/desire of high social position, etc.;

These provisional hypotheses will be gathered in a complete formula, which will initially look like this:

The subject … considers that an occupation/profession/trade that offers him a good satisfaction is:

- **a job that offers him the possibility to move permanently, to walk all the time on the field;**
- **a job that involves working alone;**
- **a job that involves working with objects;**
- **a job that gives him the opportunity to help people;**
- **a job in which he needs to wear a uniform;**
- **a job in which he needs to collect money from other people.**

Note: In compiling this formula, more attention will be paid to recurring hypotheses (for example, the desire for mobility or to have the opportunity to communicate a lot with colleagues at work, etc.).

This provisional formula is presented to the subject and he is asked to say which of these beliefs of the child are still relevant to him, which of these beliefs he considers would currently bring satisfaction to a possible job that he could have.

The subject will tick the ones that have remained topical/up-to-date (considering that some of the child's beliefs may change under the effect of the adult's knowledge of reality).

The subject is asked to add any other guidelines/features added in the meantime between his beliefs, from childhood to the present, and which he believes could satisfy him in his work, after which he will be asked to choose only on the most important 3 – 4 – 5 characteristics that form the object of his convictions regarding a service that would satisfy him, and the result can look like this:

The subject … considers that an occupation/profession/trade that offers him a good satisfaction is:

- **a job that offers him the possibility to move permanently, to walk all the time on the field;**
- **a job involving work with objects (handling of objects);**
- **a job that gives him the opportunity to help people;**
- **a job in which he needs to collect money from other people.**

In general, it is important to be able to prioritize the 3 – 4 – 5 answers, so that the order of the essential characteristics can be known.

Finally, the subject is told that, according to his own chosen criteria, with the convictions that he, as a child, had regarding an activity that would satisfy him, brought up-to-date, **a job that would it brings him a very high satisfaction (sometimes even 100 %),** it would be a job that would offer him simultaneously, for example, **1) the possibility to move permanently, to walk all the time on the field; 2) working with objects (handling objects); 3) the possibility of helping people and 4) collecting money from other people.**

Any lack of one of these characteristics would lead to a decrease in job satisfaction (for example, in the absence of two of these above-mentioned characteristics, the job satisfaction may decrease to as much as 50 %, which may lead the person concerned to consider that service as something that does not give him the desired satisfaction).

The subject in question will therefore be able to freely assess approximately the degree of satisfaction that the current occupation/profession brings and the degree of satisfaction that could bring him, taking into account his own beliefs about satisfaction, a certain occupation/profession he is thinking of accessing, which he would like to have. The counsellor will not explicitly indicate a particular profession, so as not to limit present or future options, depending on changes in the labour market, but will only give examples of categories of professions (such as liberal ones, those that involve movement, those that involve collecting money or producing/handling goods, which creates the satisfaction of having helped people, freelancers, etc.), and if necessary will help the subject to check his assumptions about a certain job (for example: if the subject wants to become a dentist, according to the criteria of the previous example, it is clear that he will not be able to move permanently, to be always on the field, having this job, which will create a lack of satisfaction which you will possibly feel even as a percentage of 25 % lack of professional satisfaction).

This method helps to find the basic beliefs about professional satisfaction and can be used in the process of vocational and career counselling separately or together with other methods,

but it has the great advantage of being able to explain to the person what the mechanism of forming personal beliefs about satisfaction is and to help him form a stronger motivation to find what is right for him, decreasing the importance of contemporary social beliefs regarding an ideal human activity/trade/profession.

Practical example

After asking the three questions, Mr X, a man of about 40 years of age, answered the following:

1.) When I was 6-7 years old, I wanted to become a teacher, because I could give grades and because someone had to listen to me, I was a little dictator and I really liked to give grades;

2.) When I was 6-7 years old, I really liked the teacher and I bought her flowers when I went to school and I couldn't wait to get to school to give them to her because I was in love with her. I also liked it when I came back from school, because a cousin was bringing me home and I passed a bookstore where she bought me cars, and there was also a place where she bought me a very good biscuit salami. Also during my childhood, but a little later, I liked to do "stupid things", to oppose and evade the rules, to walk a lot with the children and to do business (to give things from home);

3.) When I was 6-7 years old I don't remember how I saw life when I was older, but later, after a few years, I thought I had to do everything I could to leave Y city because I felt that I had to do everything I could to leave home, to leave the city, to be free, not to depend on anyone.

From the analysis of Mr. X`s line of movement during the childhood (of the way he thought and manifested as such then), I drew the following deductions:

1.) From the answer to the first question: the desire to have power or authority over others; the desire to decide for oneself about one's life; desire for respect; the desire to be listened to, heard, to receive attention from others;

2.) From the answer to the second question: the desire to have freedom; the desire to be able to influence those who are significant to him; desire to move; the desire to work with another colleague with whom he gets along well; the desire to be able to buy what he wants (ie to be well paid); the desire to be able to satisfy the pleasure of eating; the desire for freedom at work (to be able to leave work when he wants, during the program);

3.) From the answer to the third question: the desire for freedom (to make their own decisions); the desire to see new places/to do new things;

Summarizing, I gathered the **provisional hypotheses** in a complete formula, which I showed to the subject and which initially looked like this:

A job that brings you a lot of satisfaction is a job in which:

- **you have the freedom to leave work at any time;**
- **you have the freedom to do as you want/how you wish;**
- **it involves movement (you are able to move, to collect information out of the office)**
- **it gives you power or authority over others;**
- **it gives you respect from others;**

- **it offers you the opportunity to be listened to, to be heard, to get attention from others;**
- **it offers you the opportunity to meet/work with people who are significant to you (at least one friend);**
- **you are able to buy what you want (you are well paid);**
- **you have the opportunity to see new places and do new things.**

This provisional formula was presented to X and I asked him to say which of these beliefs of the child are still relevant to him, which of these beliefs he considers would currently bring satisfaction to a possible job that he could have.

The subject ticked the ones that remained up to date, and cut the others, after which he chose the five most important criteria of a job, considered satisfactory for him and prioritized them, the final scheme showing as follows:

A job that brings me a lot of satisfaction is a job in which:

I. I can have the freedom to do as I want/how I wish;

III. It involves movement (to be able to move, to collect information out of the office)

IV. It gives me the opportunity to be listened to, to be heard, to get attention from others;

V. I have the opportunity to meet/work with people who are significant to me (at least one friend);

VI. I have the opportunity to see new places and do new things.

Finally, Mr. X concluded that, according to his own chosen criteria, **a job that would bring him great satisfaction,** would be a job that **simultaneously** meets the following criteria: **I.) to give him the freedom to do how he wishes/what he wants; II.) to be able to see new places and do new things; III.) to involves movement (to have the possibility to move, to collect information out of the office); IV.) to offer him the opportunity to be listened to, to be heard, to get attention from others; V.) to give him the opportunity to meet/work with people significant to him (at least a friend).**

At the end of our discussion, Mr. X told me that the current job fully meets all these criteria and gives him great satisfaction, and he confessed to me that he would like all people to be able to find their vocation and to fulfill it.

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